



# STIC Search Report

## Biotech-Chem Library

STIC Database Tracking Number: 97008

TO: Phyllis Spivack  
Location: 2D01  
Art Unit: 1614  
Thursday, June 19, 2003

Case Serial Number: 10/035100

From: Barb O'Bryen  
Location: Biotech-Chem Library  
CM1-6A05  
Phone: 308-4291

barbara.obryen@uspto.gov

\*For Sequence Searches Only\* Please appropriate serial number.

A composition comprising:

Please search

(a) a pharmaceutically effective amount of one or more norepinephrine reuptake inhibitors or a pharmaceutically effective salt thereof; and

(b) a pharmaceutically effective amount of one or more neuroleptic agents or a pharmaceutically effective salt thereof.

The composition according to claim 1 wherein component (a) is selected from the

group consisting of tandamine, pirandamine, ciclazindol, fluparoxan, lortalamine, talsupram, talopram, prindamine, nomifensine, wiloxazine, tomoxetine, duloxetine, venlafaxine, milnacipran and reboxetine and mixtures thereof.

The composition according to claim 1 wherein component (b) is selected from the

group consisting of chlorpromazine, haloperidol, perphenazine, thioridazine, mesoridazine, trifluoperazine, fluphenazine, clozapine, olanzapine, risperidone, ziprasidone, quetiapine, sertindole, aripiprazole, sonopiprazole, blonanserin, iloperidone, perospirone, raclopride, zotepine, DU-127090, ORG-5222, SM-13496, amisulpride, CP-361428, Lu 35-138, balaperidone, S-18327, WAY-135452, eplivanserin, E-5842, SR-31742, NE-100, osanetant, SR-141716, SR-48692, BSF-

201640, BSF-190555, LAX-101a, sarizotan, CX-691 and SB-271046 and mixtures

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# STIC SEARCH RESULTS FEEDBACK FORM

## Biotech-Chem Library

Questions about the scope or the results of the search? Contact *the searcher or contact*:

Mary Hale, Information Branch Supervisor  
308-4258, CM1-1E01

## Voluntary Results Feedback Form

➤ I am an examiner in Workgroup:  Example: 1610

➤ Relevant prior art **found**, search results used as follows:

- ☐ 102 rejection
- ☐ 103 rejection
- ☐ Cited as being of interest.
- ☐ Helped examiner better understand the invention.
- ☐ Helped examiner better understand the state of the art in their technology.

Types of relevant prior art found:

- ☐ Foreign Patent(s)
- ☐ Non-Patent Literature  
(journal articles, conference proceedings, new product announcements etc.)

➤ Relevant prior art **not found**:

- ☐ Results verified the lack of relevant prior art (helped determine patentability).
- ☐ Results were not useful in determining patentability or understanding the invention.

Comments:

Drop off or send completed forms to STIC/Biotech-Chem Library CM1 - Circ. Desk



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=> fil reg; d ide 1-2 ✓

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Property values tagged with IC are from the ZIC/VINITI data file provided by InfoChem.

STRUCTURE FILE UPDATES: 17 JUN 2003 HIGHEST RN 532924-24-6  
DICTIONARY FILE UPDATES: 17 JUN 2003 HIGHEST RN 532924-24-6

TSCA INFORMATION NOW CURRENT THROUGH JANUARY 6, 2003

Please note that search-term pricing does apply when conducting SmartSELECT searches.

Crossover limits have been increased. See HELP CROSSOVER for details.

Experimental and calculated property data are now available. See HELP PROPERTIES for more information. See STNote 27, Searching Properties in the CAS Registry File, for complete details:  
<http://www.cas.org/ONLINE/STN/STNOTES/stnotes27.pdf>

L52 ANSWER 1 OF 2 REGISTRY COPYRIGHT 2003 ACS

RN 98769-84-7 REGISTRY

CN Morpholine, 2-[(R)-(2-ethoxyphenoxy)phenylmethyl]-, (2R)-rel-, methanesulfonate (9CI) (CA INDEX NAME)

OTHER CA INDEX NAMES:

CN Morpholine, 2-[(2-ethoxyphenoxy)phenylmethyl]-, (R\*,R\*)-(+.-)-, methanesulfonate

OTHER NAMES:

CN Davedax

CN Edronax

CN FCE 20124

CN PNU 155905E

CN PNU 155950E

CN **Reboxetine mesylate**

FS STEREOSEARCH

DR 98769-82-5, 141425-90-3

MF C19 H23 N O3 . C H4 O3 S

SR CA

LC STN Files: BEILSTEIN\*, BIOSIS, CA, CAPLUS, CASREACT, CIN, DRUGPAT, DRUGUPDATES, EMBASE, IPA, MRCK\*, RTECS\*, SYNTHLINE, TOXCENTER, USAN, USPATFULL

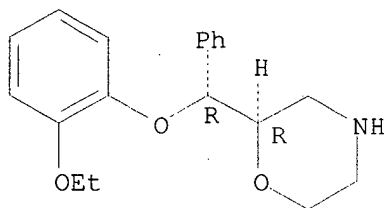
(\*File contains numerically searchable property data)

CM 1

CRN 71620-89-8

CMF C19 H23 N O3

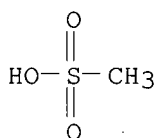
Relative stereochemistry.



CM 2

CRN 75-75-2

CMF C H4 O3 S



14 REFERENCES IN FILE CA (1957 TO DATE)

14 REFERENCES IN FILE CAPLUS (1957 TO DATE)

L52 ANSWER 2 OF 2 REGISTRY COPYRIGHT 2003 ACS

RN 71620-89-8 REGISTRY

CN Morpholine, 2-[(R)-(2-ethoxyphenoxy)phenylmethyl]-, (2R)-rel- (9CI) (CA INDEX NAME)

## OTHER NAMES:

CN **Reboxetine**

CN Reboxitine

FS STEREOSEARCH

DR 98769-81-4, 98769-83-6, 71621-36-8

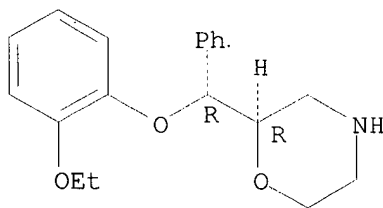
MF C19 H23 N O3

CI COM

LC STN Files: ADISINSIGHT, ADISNEWS, ANABSTR, BEILSTEIN\*, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CANCERLIT, CAPLUS, CASREACT, CBNB, CIN, DDFU, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, IPA, MEDLINE, MRCK\*, PHAR, PROMT, RTECS\*, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL  
(\*File contains numerically searchable property data)

Other Sources: WHO

Relative stereochemistry.



\*\*PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT\*\*

174 REFERENCES IN FILE CA (1957 TO DATE)

7 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA

176 REFERENCES IN FILE CAPLUS (1957 TO DATE)

=> d ide 194 1-4

L94 ANSWER 1 OF 4 REGISTRY COPYRIGHT 2003 ACS

RN 165602-86-8 REGISTRY

CN Piperazinium, 4-(8-chloro-5H-dibenzo[b,e][1,4]diazepin-11-yl)-1-.beta.-D-glucopyranuronosyl-1-methyl-, inner salt (9CI) (CA INDEX NAME)

OTHER NAMES:

CN **Clozapine N-glucuronide**

FS STEREOSEARCH

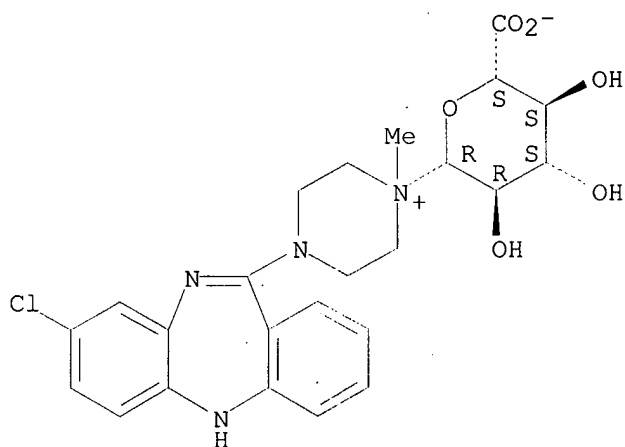
DR 191272-95-4

MF C24 H27 Cl N4 O6

SR CA

LC STN Files: BIOSIS, CA, CAPLUS

Absolute stereochemistry.



3 REFERENCES IN FILE CA (1957 TO DATE)

3 REFERENCES IN FILE CAPLUS (1957 TO DATE)

L94 ANSWER 2 OF 4 REGISTRY COPYRIGHT 2003 ACS

RN 54241-01-9 REGISTRY

CN 5H-Dibenzo[b,e][1,4]diazepine, 8-chloro-11-(4-methyl-1-piperazinyl)-, monohydrochloride (9CI) (CA INDEX NAME)

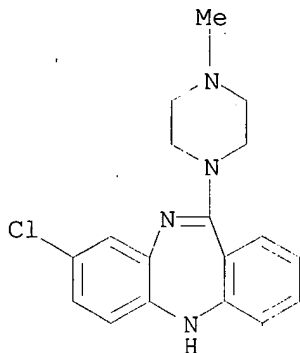
OTHER NAMES:

CN **Clozapine hydrochloride**

MF C18 H19 Cl N4 . Cl H

LC STN Files: CA, CAPLUS, DRUGPAT, HSDB\*, TOXCENTER, USPATFULL  
(\*File contains numerically searchable property data)

CRN (5786-21-0)



● HCl

11 REFERENCES IN FILE CA (1957 TO DATE)  
11 REFERENCES IN FILE CAPLUS (1957 TO DATE)

L94 ANSWER 3 OF 4 REGISTRY COPYRIGHT 2003 ACS

RN 34233-69-7 REGISTRY

CN 5H-Dibenzo[b,e][1,4]diazepine, 8-chloro-11-(4-methyl-4-oxido-1-piperazinyl)- (9CI) (CA INDEX NAME)

OTHER CA INDEX NAMES:

CN 5H-Dibenzo[b,e][1,4]diazepine, 8-chloro-11-(4-methyl-1-piperazinyl)-, N-oxide (8CI)

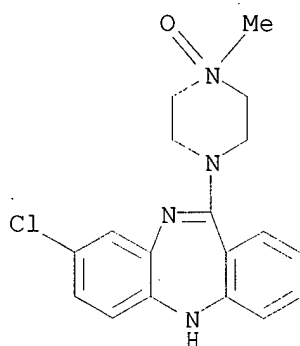
OTHER NAMES:

CN **Clozapine N-oxide**

FS 3D CONCORD

MF C18 H19 Cl N4 O

LC STN Files: ADISNEWS, ANABSTR, BIOBUSINESS, BIOSIS, CA, CANCERLIT, CAPLUS, CHEMCATS, CSCHM, DDFU, DRUGPAT, DRUGU, EMBASE, IPA, MEDLINE, RTECS\*, TOXCENTER, USPATFULL  
(\*File contains numerically searchable property data)



80 REFERENCES IN FILE CA (1957 TO DATE)  
81 REFERENCES IN FILE CAPLUS (1957 TO DATE)

L94 ANSWER 4 OF 4 REGISTRY COPYRIGHT 2003 ACS

RN 5786-21-0 REGISTRY

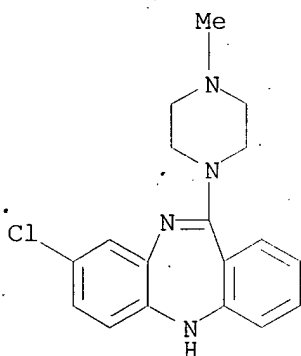
CN 5H-Dibenzo[b,e][1,4]diazepine, 8-chloro-11-(4-methyl-1-piperazinyl)- (7CI, 8CI, 9CI) (CA INDEX NAME)

OTHER NAMES:

CN 8-Chloro-11-(4-methyl-1-piperazinyl)-5H-dibenzo[b,e][1,4]diazepine



CN Asaleptin  
CN Azaleptine  
CN Clozapin  
CN **Clozapine**  
CN Clozaril  
CN HF 1854  
CN Iprox  
CN Leponex  
FS 3D CONCORD  
MF C18 H19 Cl N4  
CI COM  
LC STN Files: ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN\*, BIOBUSINESS, BIOSIS,  
BIOTECHNO, CA, CANCERLIT, CAOLD, CAPLUS, CASREACT, CBNB, CEN, CHEMCATS,  
CHEMLIST, CIN, CSCHEM, DDFU, DIOGENES, DRUGNL, DRUGPAT, DRUGU, EMBASE,  
HSDB\*, IFICDB, IFIPAT, IFIUDB, IPA, MEDLINE, MRCK\*, NIOSHTIC, PHAR,  
PHARMASEARCH, PROMT, RTECS\*, SPECINFO, TOXCENTER, USAN, USPAT2,  
USPATFULL  
(\*File contains numerically searchable property data)  
Other Sources: EINECS\*\*, WHO  
(\*\*Enter CHEMLIST File for up-to-date regulatory information)



\*\*PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT\*\*

2787 REFERENCES IN FILE CA (1957 TO DATE)  
36 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA  
2798 REFERENCES IN FILE CAPLUS (1957 TO DATE)  
2 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

=> fil medl; d que 130  
FILE 'MEDLINE' ENTERED AT 11:41:04 ON 19 JUN 2003

FILE LAST UPDATED: 18 JUN 2003 (20030618/UP). FILE COVERS 1958 TO DATE.

On April 13, 2003, MEDLINE was reloaded. See HELP RLOAD for details.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2003 vocabulary. See <http://www.nlm.nih.gov/mesh/changes2003.html> for a description on changes.

This file contains CAS Registry Numbers for easy and accurate substance identification.

✓  
L7            204 SEA FILE=MEDLINE ABB=ON   REBOXETIN#  
L12           3907 SEA FILE=MEDLINE ABB=ON   CLOZAPINE/CT  
L30           1 SEA FILE=MEDLINE ABB=ON   L7 AND L12

*Species  
search*

=> fil capl; d que 1101

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FILE COVERS 1907 - 19 Jun 2003 VOL 138 ISS 25.  
FILE LAST UPDATED: 18 Jun 2003 (20030618/ED)

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✓  
L52           2 SEA FILE=REGISTRY ABB=ON   REBOXETINE?/CN  
L94           4 SEA FILE=REGISTRY ABB=ON   CLOZAPINE?/CN  
L98           27695 SEA FILE=CAPLUS ABB=ON   DRUG INTERACTIONS+OLD,NT/CT  
L99           1903 SEA FILE=CAPLUS ABB=ON   DRUG DELIVERY SYSTEMS+OLD/CT(L) COMBIN?  
L1101        2 SEA FILE=CAPLUS ABB=ON   L94 AND L52 AND (L98 OR L99)

=> fil embase; d que 1159; d que 1161

FILE 'EMBASE' ENTERED AT 11:41:05 ON 19 JUN 2003  
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FILE COVERS 1974 TO 12 Jun 2003 (20030612/ED)

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L120 534 SEA FILE=EMBASE ABB=ON REBOXETINE/CT  
L127 10318 SEA FILE=EMBASE ABB=ON CLOZAPINE/CT OR CLOZAPINE DERIVATIVE/CT  
✓ L159 2 SEA FILE=EMBASE ABB=ON L120(L)CB/CT AND L127(L)CB/CT

*Subheading CB = drug combination*

L120 534 SEA FILE=EMBASE ABB=ON REBOXETINE/CT  
L127 10318 SEA FILE=EMBASE ABB=ON CLOZAPINE/CT OR CLOZAPINE DERIVATIVE/CT

L152 231416 SEA FILE=EMBASE ABB=ON DRUG COMBINATION/CT  
L153 160483 SEA FILE=EMBASE ABB=ON DRUG INTERACTION+NT/CT  
L154 568351 SEA FILE=EMBASE ABB=ON CENTRAL NERVOUS SYSTEM DISEASE+NT/CT  
✓ L157 34 SEA FILE=EMBASE ABB=ON L120 AND L127  
L161 4 SEA FILE=EMBASE ABB=ON L154 AND L157 AND (L152 OR L153)

=> s l159.or l161

L173 6 L159 OR L161

=> fil wpids; d que l119

FILE 'WPIDS' ENTERED AT 11:41:07 ON 19 JUN 2003  
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FILE LAST UPDATED: 16 JUN 2003 <20030616/UP>  
MOST RECENT DERWENT UPDATE: 200338 <200338/DW>  
DERWENT WORLD PATENTS INDEX SUBSCRIBER FILE, COVERS 1963 TO DATE

>>> NEW WEEKLY SDI FREQUENCY AVAILABLE --> see NEWS <<<

>>> PATENT IMAGES AVAILABLE FOR PRINT AND DISPLAY <<<

>>> FOR DETAILS OF THE PATENTS COVERED IN CURRENT UPDATES,  
SEE <http://www.derwent.com/dwpi/updates/dwpicov/index.html> <<<

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L117 32 SEA FILE=WPIDS ABB=ON PNU 1559### OR REBOX!TIN# OR FCE20124  
OR FCE 20124 OR VESTRA OR PNU1559###  
L118 118 SEA FILE=WPIDS ABB=ON CLOZAPIN# OR CLOZARIL# OR LEONEX OR  
HF1854 OR HF 1854 OR IPROX OR LEONEX OR A!ALEPTIN#  
L119 1 SEA FILE=WPIDS ABB=ON L117 AND L118

=> fil DRUGU, PASCAL, JICST-EPLUS, BIOTECHNO, ESBIODASE, CABA, IPA, BIOTECHDS, LIFESCI,  
BIOSIS, CONFSCI, TOXCENTER, SCISEARCH

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=> d que 1114; d que 1116; s 1114 or 1116

L52            2 SEA FILE=REGISTRY ABB=ON REBOXETINE?/CN  
L94            4 SEA FILE=REGISTRY ABB=ON CLOZAPINE?/CN  
L108          1399 SEA PNU 1559### OR REBOX!TIN# OR FCE20124 OR FCE 20124 OR  
              VESTRA  
L109          625 SEA L52  
L110          28731 SEA CLOZAPIN# OR CLOZARIL# OR LEPONEX OR HF1854 OR HF 1854 OR  
              IPROX OR LEPONEX OR A!ALEPTIN#  
L111          12759 SEA L94  
L112          25 SEA (L108 OR L109) AND (L110 OR L111)  
L113          5978532 SEA INTERACT? OR SYNERG? OR COMBIN?  
L114          15 SEA L112 AND L113

L52            2 SEA FILE=REGISTRY ABB=ON REBOXETINE?/CN  
L94            4 SEA FILE=REGISTRY ABB=ON CLOZAPINE?/CN  
L108          1399 SEA PNU 1559### OR REBOX!TIN# OR FCE20124 OR FCE 20124 OR  
              VESTRA  
L109          625 SEA L52  
L110          28731 SEA CLOZAPIN# OR CLOZARIL# OR LEPONEX OR HF1854 OR HF 1854 OR  
              IPROX OR LEPONEX OR A!ALEPTIN#

L111 12759 SEA L94  
L112 25 SEA (L108 OR L109) AND (L110 OR L111)  
L115 269285 SEA (CNS OR (CENTRAL(2A) (NERVOUS SYSTEM))) (5A) (DISEASE# OR  
DISORDER#)  
L116 1 SEA L112 AND L115

L174 15 L114 OR L116

=> dup rem 130,1101,1173,1174,1119  
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PROCESSING COMPLETED FOR L101  
PROCESSING COMPLETED FOR L173  
PROCESSING COMPLETED FOR L174  
PROCESSING COMPLETED FOR L119  
L175 17 DUP REM L30 L101 L173 L174 L119 (8 DUPLICATES REMOVED)  
ANSWER '1' FROM FILE MEDLINE  
ANSWER '2' FROM FILE CAPLUS  
ANSWERS '3-8' FROM FILE EMBASE  
ANSWERS '9-14' FROM FILE DRUGU  
ANSWER '15' FROM FILE BIOSIS  
ANSWER '16' FROM FILE SCISEARCH  
ANSWER '17' FROM FILE WPIDS

=> d ibib ab hitrn 1-17

L175 ANSWER 1 OF 17 MEDLINE  
ACCESSION NUMBER: 2002073439 MEDLINE  
DOCUMENT NUMBER: 21660862 PubMed ID: 11802103

DUPLICATE 2

TITLE: No effect of **reboxetine** on plasma concentrations of clozapine, risperidone, and their active metabolites.  
AUTHOR: Spina E; Avenoso A; Scordo M G; Ancione M; Madia A; Levita A  
CORPORATE SOURCE: Department of Clinical and Experimental Medicine and Pharmacology, Section of Pharmacology, University of Messina, Messina, Italy... espina@www.unime.it  
SOURCE: THERAPEUTIC DRUG MONITORING, (2001 Dec) 23 (6) 675-8.  
Journal code: 7909660. ISSN: 0163-4356.  
PUB. COUNTRY: United States  
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
LANGUAGE: English  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 200203  
ENTRY DATE: Entered STN: 20020125  
Last Updated on STN: 20020308  
Entered Medline: 20020307

AB The effect of **reboxetine** on steady-state plasma concentrations of the atypical antipsychotics clozapine and risperidone was studied in 14 patients with schizophrenia or schizoaffective disorder with associated depressive symptoms. Seven patients stabilized on clozapine therapy (250-500 mg/day) and seven receiving risperidone (4-6 mg/day) were given additional **reboxetine** (8 mg/day). After 4 weeks of **reboxetine** therapy, mean plasma concentrations of clozapine, norclozapine, and risperidone active moiety (sum of concentrations of risperidone and 9-hydroxyrisperidone) increased slightly but not significantly by 5%, 2%, and 10%, respectively. The mean plasma clozapine/norclozapine and risperidone/9-hydroxyrisperidone ratios were not modified during **reboxetine** treatment. **Reboxetine** coadministration with either clozapine or risperidone was well tolerated. These findings indicate that **reboxetine** has minimal effects on the metabolism of clozapine and risperidone and may be added safely to patients receiving maintenance treatment with these two antipsychotics.

L175 ANSWER 2 OF 17 CAPLUS COPYRIGHT 2003 ACS DUPLICATE 1  
ACCESSION NUMBER: 2002:521465 CAPLUS  
DOCUMENT NUMBER: 137:98994  
TITLE: Pharmaceuticals containing a combination of norepinephrine reuptake inhibitors and neuroleptics  
INVENTOR(S): Wong, Erik Ho Fong; Gallen, Christopher C.; Svensson, Torgny  
PATENT ASSIGNEE(S): Pharmacia & Upjohn Company, USA; Pharmacia AB  
SOURCE: PCT Int. Appl., 22 pp.  
CODEN: PIXXD2  
DOCUMENT TYPE: Patent  
LANGUAGE: English  
FAMILY ACC. NUM. COUNT: 1  
PATENT INFORMATION:

*innovative entity*

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2002053140	A2	20020711	WO 2001-US45871	20011227
WO 2002053140	A3	20021024		
W:	AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM			
RW:	GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG			

US 2002156067 A1 20021024 US 2001-35100 20011228  
PRIORITY APPLN. INFO.: US 2001-259286P P 20010102  
AB A compn. comprising: (a) a pharmaceutically effective amt. of one or more  
norepinephrine reuptake inhibitors or a salt; and (b) 1 or more  
neuroleptics is provided. The compn. is useful in treating disorders or  
diseases of the central nervous system, and particularly useful in  
treating schizophrenia. A pharmaceutical compn. was prepd. by combining  
reboxetine with a neuroleptic in an acceptable carrier. The compn.  
contains 0.01-10 mg reboxetine and 25-300 mg clozapine.  
IT 5786-21-0, Clozapine 71620-89-8, Reboxetine  
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL  
(Biological study); USES (Uses)  
(pharmaceuticals contg. combination of norepinephrine reuptake  
inhibitors and neuroleptics)

L175 ANSWER 3 OF 17 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V. DUPLICATE 3  
ACCESSION NUMBER: 2000354156 EMBASE  
TITLE: Psychotropic interactions with warfarin.  
AUTHOR: Sayal K.S.; Duncan-McConnell D.A.; McConnell H.W.; Taylor  
D.M.  
CORPORATE SOURCE: D.M. Taylor, Maudsley Hospital, Denmark Hill, London SE5  
8AZ, United Kingdom  
SOURCE: Acta Psychiatrica Scandinavica, (2000) 102/4 (250-255).  
Refs: 45  
ISSN: 0001-690X CODEN: APYSA  
COUNTRY: Denmark  
DOCUMENT TYPE: Journal; General Review  
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery  
025 Hematology  
030 Pharmacology  
032 Psychiatry  
037 Drug Literature Index  
LANGUAGE: English  
SUMMARY LANGUAGE: English

AB Objective: Improving knowledge about the cytochrome p450 system means that  
potential drug interactions can be predicted. Interactions involving  
warfarin may be thus avoidable. As many patients who have suffered from a  
stroke or other thromboembolic events may also develop psychiatric  
disorder, knowledge about possible interactions with psychotropics is  
essential for prescribers. Method: A Medline and hand search of published  
literature was complemented by contacting manufacturers. Results: The  
antidepressants citalopram, nefazodone and sertraline have relatively low  
interaction potential with warfarin; fluoxetine and fluvoxamine relatively  
high. Carbamazepine appears to reduce warfarin's anticoagulant effect.  
Other antipsychotics, antidepressants and anxiolytics have only a  
theoretical risk of interaction. Lithium, gabapentin, sulpiride and  
amisulpride are predominantly renally excreted and so are not likely to  
interact with warfarin. Conclusion: Many psychotropics are involved in  
predictable interactions with warfarin. Drugs with a known low interaction  
potential should be chosen instead of those known or predicted to  
interact. (C) Munksgaard 2000.

L175 ANSWER 4 OF 17 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.  
ACCESSION NUMBER: 2002364397 EMBASE  
TITLE: Clozapine in patients with chronic schizophrenia: Serum  
level, EEG and memory performance.  
AUTHOR: Adler G.; Grieshaber S.; Faude V.; Thebaldi B.; Dressing H.  
CORPORATE SOURCE: Dr. G. Adler, Clinical Neurophysiology Service, Central  
Institute of Mental Health, P.O. Box 12 21 20, 68072  
Mannheim, Germany. adler@zi-mannheim.de  
SOURCE: Pharmacopsychiatry, (2002) 35/5 (190-194).  
Refs: 34  
ISSN: 0176-3679 CODEN: PHRMEZ

COUNTRY: Germany  
DOCUMENT TYPE: Journal; Article  
FILE SEGMENT: 008 Neurology and Neurosurgery  
030 Pharmacology  
032 Psychiatry  
037 Drug Literature Index  
038 Adverse Reactions Titles

LANGUAGE: English

SUMMARY LANGUAGE: English

AB The atypical antipsychotic clozapine causes EEG alterations, and may lead to memory impairments due to its anticholinergic properties. The relationships between clozapine serum level, quantitative EEG parameters and performance in vigilance and memory tasks were studied in a group of 17 chronically ill schizophrenic patients under maintenance treatment with clozapine at stable dosages. There were negative correlations between clozapine serum levels and the amount of high-frequency EEG activity and positive correlations between high-frequency EEG activity and memory performance. These findings may suggest that clozapine treatment brings about dose-dependent impairments of vigilance and memory, for which a reduction of high-frequency EEG activity is indicative.

L175 ANSWER 5 OF 17 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.

ACCESSION NUMBER: 2001425487 EMBASE

TITLE: Antidepressant drug interactions.

AUTHOR: Botts S.R.; Alfaro C.

CORPORATE SOURCE: Prof. S.R. Botts, Univ. of Kentucky Coll. of Pharmacy, UK  
Mental Health Research Center, 627 West 4th Street,  
Lexington, KY 40508, United States. sbott2@pop.uky.edu

SOURCE: Journal of Pharmacy Practice, (2001) 14/6 (467-477).

Refs: 64

ISSN: 0897-1900 CODEN: JPPREU

COUNTRY: United States

DOCUMENT TYPE: Journal; General Review

FILE SEGMENT: 030 Pharmacology  
032 Psychiatry  
037 Drug Literature Index  
038 Adverse Reactions Titles

LANGUAGE: English

SUMMARY LANGUAGE: English

AB Second-generation antidepressants are more selective in their pharmacological mechanisms and offer fewer side effects and a safer toxicological profile than cyclic antidepressants and monoamine oxidase inhibitors. While the risk for pharmacodynamic interactions is more limited than with older agents with broader receptor effects, the risks for pharmacokinetic interactions is greater. The capacity of selective serotonin reuptake inhibitors to inhibit the metabolic activity of cytochrome P450 isozyme system has spurred over a decade of intense psychopharmacological and pharmacogenetics research to better the understanding of the significance of these interactions. Clinicians have had to increase their knowledge and understanding of drug interaction potential to better manage patients receiving these newer antidepressants. The following is a review of both pharmacodynamic and pharmacokinetic drug-drug interactions with antidepressants.

L175 ANSWER 6 OF 17 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.

ACCESSION NUMBER: 2001368245 EMBASE

TITLE: Treatment options for depression and psychosis in  
Parkinson's disease.

AUTHOR: Poewe W.; Seppi K.

CORPORATE SOURCE: W. Poewe, Department of Neurology, University Hospital  
Innsbruck, Anichstrasse 35, 6020 Innsbruck, Austria.  
werner.poewe@uibk.ac.at

SOURCE: Journal of Neurology, Supplement, (2001) 248/3 (12-21).



Refs: 133

ISSN: 0939-1517 CODEN: JNSUE6

COUNTRY: Germany  
DOCUMENT TYPE: Journal; Conference Article  
FILE SEGMENT: 008 Neurology and Neurosurgery  
032 Psychiatry  
037 Drug Literature Index  
038 Adverse Reactions Titles

LANGUAGE: English

SUMMARY LANGUAGE: English

AB Neuropsychiatric symptoms are a frequent feature of advancing Parkinson's disease (PD). The reported prevalence of depression varies greatly between different studies but there is general consensus that between 40 and 50% of patients will be affected. Depression may antedate motor manifestations of Parkinson's disease and is usually of moderate or mild intensity. However, depression is of major impact on the quality of life in PD patients according to a recent survey. Drug-induced psychosis is one of the major therapeutic challenges in Parkinson's disease and may occur in up to 6% in otherwise uncomplicated de novo patients when first receiving dopaminergic therapy. It increases in frequency, in advanced disease and particularly in patients with dementia where up to 22% may be affected. There is an amazing lack of controlled clinical trials assessing the effects of antidepressants in clinical trials including more than 20 patients and assessing efficacy of antidepressants specifically in the context of mood changes in Parkinson's disease. A comprehensive literature search yielded only a total of 17 articles of which a majority included less than 20 patients and/or did not use valid depression ratings. The only randomized controlled trial was conducted more than 20 years ago using nortryptiline while no controlled trials were available on the use of serotonin reuptake inhibitors. Studies assessing the antidepressant action of dopaminergic therapies are few and inconclusive. Thus, while tricyclic antidepressants or SSRIs are widely used in clinical practice, there is still a need for controlled clinical trials proving their efficacy specifically in parkinsonian depression. Three randomized controlled trials are now available assessing the efficacy of the atypical neuroleptics clozapine and olanzapine in the treatment of drug-induced psychosis. While clozapine is of proven efficacy at least in the short-term management of this complication without negative impact on the motor symptoms, olanzapine in currently used doses of 2.5 to 15 mg/d seems to aggravate motor symptoms with lesser effect on psychosis compared to clozapine. Currently, clozapine is the atypical neuroleptic of choice for the treatment of drug-induced psychosis in Parkinson's disease.

L175 ANSWER 7 OF 17 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.

ACCESSION NUMBER: 2001123890 EMBASE

TITLE: First reports of adverse drug reactions (ADRs) in recent weeks.

SOURCE: Drugs and Therapy Perspectives, (26 Mar 2001) 17/6 (11).  
Refs: 14

ISSN: 1172-0360 CODEN: DTHPEE

COUNTRY: New Zealand

DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 037 Drug Literature Index  
038 Adverse Reactions Titles  
052 Toxicology

LANGUAGE: English

L175 ANSWER 8 OF 17 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.

ACCESSION NUMBER: 2000374481 EMBASE

TITLE: Depression in patients with schizophrenia: Prevalence, and diagnostic and treatment considerations.

AUTHOR: Hausmann A.; Fleischhacker W.W.

CORPORATE SOURCE: Dr. A. Hausmann, Department of General Psychiatry,

Innsbruck University Clinics, Anichstrasse 35, A-6020  
Innsbruck, Austria. armand.hausmann@uibk.ac.at  
SOURCE: CNS Drugs, (2000) 14/4 (289-299).  
Refs: 114  
ISSN: 1172-7047 CODEN: CNDREF  
COUNTRY: New Zealand  
DOCUMENT TYPE: Journal; General Review  
FILE SEGMENT: 032 Psychiatry  
037 Drug Literature Index  
038 Adverse Reactions Titles  
LANGUAGE: English  
SUMMARY LANGUAGE: English  
AB Depression is a common comorbid syndrome in patients with schizophrenia. A review of the literature highlights the multitude of different expressions used to describe depression in this context. This fact exemplifies the diagnostic and therapeutic inconsistencies found in literature. Former generations of psychiatrists considered that antidepressants could provoke psychotic symptoms. Although the evidence is still tentative, it appears to be current common practice for most psychiatrists, having ruled out confounding conditions such as extrapyramidal motor symptoms and negative symptoms, to prescribe antidepressant agents to patients who show depressive symptoms. There are controlled clinical trials that have demonstrated that tricyclic antidepressants are effective in the treatment of depression in patients with schizophrenia. In contrast, the newer antidepressants have yet to be tested in large scale controlled studies. Possible interactions between antipsychotics and antidepressants must be considered when these two classes of agent are prescribed. Monotherapy with novel antipsychotics may be a treatment option, as some such as zotepine, olanzapine and risperidone have shown advantages over traditional antipsychotics in reducing depressive symptoms in patients with schizophrenia. Others have some pharmacological properties that resemble antidepressant drugs.

L175 ANSWER 9 OF 17 DRUGU COPYRIGHT 2003 THOMSON DERWENT  
ACCESSION NUMBER: 2002-28793 DRUGU T  
TITLE: Clinically significant drug **interactions** with antidepressants in the elderly.  
AUTHOR: Spina E; Scordo M G  
CORPORATE SOURCE: Univ.Messina  
LOCATION: Messina, It.  
SOURCE: Drugs Aging (19, No. 4, 299-320, 2002) 1 Fig. 4 Tab. 166 Ref.  
CODEN: DRAGE ISSN: 1170-229X  
AVAIL. OF DOC.: Dept. of Clin. and Exp. Med. and Pharm., Section of Pharm.,  
University of Messina, Policlinico Universitario, Via  
Consolare Valeria, 98125 Messina, Italy. (e-mail:  
espina@www.unime.it).  
LANGUAGE: English  
DOCUMENT TYPE: Journal  
FIELD AVAIL.: AB; LA; CT  
FILE SEGMENT: Literature  
AB Clinically significant drug **interactions** with antidepressants (ADs) in the elderly are reviewed. Pharmacological treatment of depression in the elderly is described. Types of antidepressant drug **interactions** are considered. Factors predisposing elderly patients to antidepressant drug **interactions** are evaluated. The **interaction** potential of selected ADs in the elderly are all discussed with reference to tricyclic ADs (TCAs), MAO inhibitors (MAOIs), selective serotonin reuptake inhibitors (SSRIs), and other ADs (mianserin, trazodone, nefazodone, venlafaxine, mirtazapine, amfebutamone (bupropion), **reboxetine** and St. John's Wort).

L175 ANSWER 10 OF 17 DRUGU COPYRIGHT 2003 THOMSON DERWENT  
ACCESSION NUMBER: 2002-37680 DRUGU P

TITLE: **Interactions** between psychotropics, anaesthetics and electroconvulsive therapy. Implications for drug choice and patient management.

AUTHOR: Naguib M; Koorn R

CORPORATE SOURCE: Univ.Iowa

LOCATION: Iowa City, Iowa, USA

SOURCE: CNS Drugs (16, No. 4, 229-47, 2002) 1 Tab. 196 Ref. ISS  
N: 1172-7047

AVAIL. OF DOC.: Department of Anesthesia, University of Iowa College of Medicine, 200 Hawkins Drive, Iowa City, IA 6JCPIA 52242-1009, U.S.A. (e-mail: mohamed-naguib@uiowa.edu).

LANGUAGE: English

DOCUMENT TYPE: Journal

FIELD AVAIL.: AB; LA; CT

FILE SEGMENT: Literature

AB **Interactions** between psychotropics and general anesthetics and electroconvulsive therapy are reviewed. Topics discussed are electroconvulsive therapy, anesthesia considerations, drug **interactions**, classification of psychotropic drugs, and **interactions** between antidepressants, anticonvulsants, antipsychotics, anxiolytics, CNS stimulants, Ca<sup>2+</sup> antagonists, beta blockers, hormones, and dopamine antagonists. Anesthesiologists should be vigilant at all times due to sudden **interactions** between psychotropics, anesthetics and or electroconvulsive therapy.

L175 ANSWER 11 OF 17 DRUGU COPYRIGHT 2003 THOMSON DERWENT

ACCESSION NUMBER: 2002-27377 DRUGU T S

TITLE: Comparison and criteria for choice of selective serotonin reuptake inhibitor.

AUTHOR: Dulin R; Silberstein N; Bonnin M; Saux M C

LOCATION: Pessac, Fr.

SOURCE: J.Pharm.Clin. (21, No. 1, 39-46, 2002) 5 Fig. 4 Tab. 48 Ref.  
CODEN: JPCLDE ISSN: 0291-1981

AVAIL. OF DOC.: Pharmacie de l'hopital Haut-Leveque, avenue de Magellan, 33600 Pessac, France. (e-mail: jrdulin@compaenet.fr).

LANGUAGE: French

DOCUMENT TYPE: Journal

FIELD AVAIL.: AB; LA; CT

FILE SEGMENT: Literature

AB Differences between the selective serotonin reuptake inhibitors (SSRI) and guidelines for the choice of agent for treatment of depression are reviewed. SSRI have high selectivity for inhibition of 5-HT uptake compared with monoamine reuptake inhibitors venlafaxine, milnacipran, noradrenaline (NA), reuptake inhibitor **reboxetine**, MAO inhibitors and alpha2 antagonists (mirtazapine). Sertraline (SE) is the most potent SSRI, paroxetine (PX) the most potent inhibitor of NA uptake and citalopram (CI) the most selective. Metabolic differences include 1st pass effects for fluoxetine (FL), fluvoxamine and PX. Side-effects (GI and sexual disorders), a mild withdrawal syndrome and drug-**interactions** may occur.

L175 ANSWER 12 OF 17 DRUGU COPYRIGHT 2003 THOMSON DERWENT

ACCESSION NUMBER: 2001-06159 DRUGU T

TITLE: Psychopharmacologic treatment strategies for depression, bipolar disorder, and schizophrenia.

AUTHOR: Glick I D; Suppes T; DeBattista C; Hu R J; Marder S

CORPORATE SOURCE: Univ.Stanford; Univ.Texas-Southwestern; Univ.California

LOCATION: Dallas, Tex.; Stanford; Los Angeles, Cal., USA

SOURCE: Ann.Intern.Med. (134, No. 1, 47-60, 2001) 5 Fig. 2 Tab. 75  
Ref.

CODEN: AIMEAS ISSN: 0003-4819

AVAIL. OF DOC.: Stanford University School of Medicine, 401 Quarry Road, Suite 2122, Stanford, CA 94305-5723, U.S.A.

LANGUAGE: English  
DOCUMENT TYPE: Journal  
FIELD AVAIL.: AB; LA; CT  
FILE SEGMENT: Literature

AB Psychopharmacologic treatment strategies for depression, bipolar disorder, and schizophrenia are reviewed. Current definitions, updated diagnostic criteria, short- and long-term treatment strategies with algorithms, and special challenges for the clinician are discussed for each of these illnesses. Antidepressants, typical and atypical antipsychotics and mood stabilizers are discussed. Current research in psychopharmacology has allowed great progress in developing rational treatment strategies that are based on controlled studies rather than theoretical biases.

L175 ANSWER 13 OF 17 DRUGU COPYRIGHT 2003 THOMSON DERWENT

ACCESSION NUMBER: 2001-06850 DRUGU T S

TITLE: New antidepressant drugs: spectrum and clinical relevance of side-effects.

AUTHOR: Von Degner D; Grohmann R; Bleich S; Ruether E

CORPORATE SOURCE: Univ.Gottingen

LOCATION: Gottingen, Ger.

SOURCE: Muench.Med.Wochenschr. (142, No. 49-50, 35-40, 2000) 4 Tab.  
CODEN: MMWOAU ISSN: 0341-3098

AVAIL. OF DOC.: Klinik fuer Psychiatrie und Psychotherapie der  
Georg-August-Universitaet Gottingen, v.-Siebold-Str. 5,  
D-37075 Gottingen, Germany.

LANGUAGE: German  
DOCUMENT TYPE: Journal  
FIELD AVAIL.: AB; LA; CT  
FILE SEGMENT: Literature

AB The spectrum and clinical relevance of side-effects of new antidepressant drugs is reviewed with reference to citalopram, fluoxetine, paroxetine, sertraline, tranylcypromamine, bromazepam, venlafaxine, **reboxetine**, mirtazapine, nefazodone, alprazolam, haloperidol, amitriptyline, desipramine, imipramine, cloimpramine, diazepam and **clozapine**. Interactions with erythromycin, clarithromycin, propranolol, metoprolol, nifedipine and verapamil are also discussed.

L175 ANSWER 14 OF 17 DRUGU COPYRIGHT 2003 THOMSON DERWENT

ACCESSION NUMBER: 2001-02508 DRUGU T

TITLE: Polypragmatic therapy of severe depression and schizophrenia can be effective and safe.

AUTHOR: Koch H J; Szecey A; Raschka C; Klein H

CORPORATE SOURCE: Univ.Regensburg; Univ.Frankfurt

LOCATION: Regensburg; Frankfurt, Ger..

SOURCE: Eur.J.Clin.Pharmacol. (56, No. 6-7, A10, 2000)  
CODEN: EJCPAS ISSN: 0031-6970

AVAIL. OF DOC.: Psychiatric University Clinic, Universitaetsstr. 84, 93053  
Regensburg, Germany.

LANGUAGE: English  
DOCUMENT TYPE: Journal  
FIELD AVAIL.: AB; LA; CT  
FILE SEGMENT: Literature

AB 2 Case histories are presented of patients in whom polypragmatic treatment with citalopram, amitriptylinoxide, **reboxetine**, olanzapine and lithium in 1 case of psychotic depression and with depot haloperidol injections, p.o. haloperidol and **clozapine** in the other patient with paranoid schizophrenia, prevented the need for further hospital treatment after an initial hospital admission. There were no adverse effects. It was concluded that polypragmatic treatment, particularly combinations of haloperidol and **clozapine**, can be safe, if the patient is regularly examined by a psychiatrist.

(conference abstract: 2nd Joint Meeting of the German Clinical Pharmacologists, Berlin, Germany, 2000).

L175 ANSWER 15 OF 17 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.

ACCESSION NUMBER: 2002:22922 BIOSIS

DOCUMENT NUMBER: PREV200200022922

TITLE: **Combined** treatment with **reboxetine** and antipsychotic drugs on amphetamine-induced locomotion and striatal fos expression.

AUTHOR(S): Zanni, M. (1); Giuliani, A.; Battaglia, A.; Calza, L.; Giardino, L.

CORPORATE SOURCE: (1) Pathophysiol Center NS, Hesperia Hosp, Modena Italy  
SOURCE: Society for Neuroscience Abstracts, (2001) Vol. 27, No. 2, pp. 2586. print.  
Meeting Info.: 31st Annual Meeting of the Society for Neuroscience San Diego, California, USA November 10-15, 2001  
ISSN: 0190-5295.

DOCUMENT TYPE: Conference

LANGUAGE: English

AB **Combining** antidepressant and antipsychotic drugs may be a strategy to improve therapeutic effects on negative symptoms in schizophrenic patients. Moreover, there is recognition that the cognitive symptoms of schizophrenia have the most substantial impact on illness outcome. The involvement of noradrenergic functions in the cognitive impairment associated with schizophrenia has not been as intensively considered. In this study we have investigated the effect of chronic treatment with the selective noradrenaline reuptake inhibitor **reboxetine** (10mg/kg, os, 28 days), alone, and **combined** to the atypical antipsychotic drug **clozapine** (30mg/kg, os, 28 days) on behavioral tests and genomic (fos and jun) parameters in adult male rats (Sprague-Dawley strain). **Reboxetine** treatment reduces spontaneous activity in new environment compared to control animals. Increase in locomotion induced by acute amphetamine (1mg/kg, ip) is also lower in **reboxetine**-treated rats. **Clozapine** also decreases spontaneous and amphetamine-induced locomotion and **combined** treatment (**clozapine+reboxetine**) potentiates this effect. We then investigated fos and jun mRNA expression in prefrontal cortex after acute amphetamine administration in **reboxetine**, **clozapine**, and **reboxetine+clozapine**-treated rats. Both treatments are effective in preventing amphetamine-induced up-regulation of fos and jun mRNA in prefrontal cortex. This study support the rationale in using selective noradrenaline-uptake inhibitors as an adjunct to conventional antipsychotic treatment of schizophrenia.

L175 ANSWER 16 OF 17 SCISEARCH COPYRIGHT 2003 THOMSON ISI

ACCESSION NUMBER: 2002:863192 SCISEARCH

THE GENUINE ARTICLE: 604DG

TITLE: Noradrenaline reuptake inhibition enhances the antipsychotic-like effect of raclopride and potentiates D-2-blockage-induced dopamine release in the medial prefrontal cortex of the rat

AUTHOR: Linner L; Wiker C; Wadenberg M L; Schalling M; Svensson T H (Reprint)

CORPORATE SOURCE: Karolinska Inst, Sect Neuropsychopharmacol, Dept Physiol & Pharmacol, Nanna Svartz Vag 2, S-17177 Stockholm, Sweden (Reprint); Karolinska Inst, Sect Neuropsychopharmacol, Dept Physiol & Pharmacol, S-17177 Stockholm, Sweden; Karolinska Inst, Neurogenerat Unit, Dept Mol Med, S-17177 Stockholm, Sweden

COUNTRY OF AUTHOR: Sweden

SOURCE: NEUROPSYCHOPHARMACOLOGY, (NOV 2002) Vol. 27, No. 5, pp.

691-698.

Publisher: ELSEVIER SCIENCE INC, 360 PARK AVE SOUTH, NEW YORK, NY 10010-1710 USA.

ISSN: 0893-133X.

DOCUMENT TYPE: Article; Journal

LANGUAGE: English

REFERENCE COUNT: 46

\*ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS\*

AB We have previously observed that addition of an alpha(2)-adrenoceptor antagonist to a selective dopamine (DA) D-2 receptor antagonist enhances the antipsychotic-like effect of the D-2 blocker and also selectively increases DA output in the medial prefrontal cortex (mPFC) in rats. These data also correlate well with previous clinical trials showing augmentation by an equivalent drug **combination** in schizophrenia. Since the selective noradrenaline reuptake inhibitor **reboxetine** was found to cause similar effects on the mesolimbocortical DA system as alpha(2)-adrenoceptor antagonists, the present study was undertaken to explore whether also **reboxetine** might augment the effect of the DA D-2 receptor antagonist raclopride in the same preclinical model of antipsychotic activity, the conditioned avoidance response (CAR) test. We also investigated the effect of this **combination** in the catalepsy test for extrapyramidal side effect liability, as well as on DA output in the mPFC and the nucleus accumbens, respectively. **Reboxetine** (6 mg/kg, i.p.) significantly enhanced the suppressant effect of raclopride (0.1 mg/kg, s.c.) on CAR without affecting catalepsy. Administration of raclopride (0.1 mg/kg, s.c.) to rats pretreated with **reboxetine** (6 mg/kg, i.p.) resulted in a greatly enhanced effect on DA output in the mPFC but not in the nucleus accumbens when compared with raclopride alone. Consequently, these results suggest that noradrenaline reuptake inhibition may provide means of augmenting the efficacy of classical D-2-antagonists in the treatment of schizophrenia, and, in principle, to generate an atypical antipsychotic drug profile. (C) 2002 American College of Neuropsychopharmacology. Published by Elsevier Science Inc.

L175 ANSWER 17 OF 17 WPIDS (C) 2003 THOMSON DERWENT

ACCESSION NUMBER: 2003-183959 [18] WPIDS

DOC. NO. CPI: C2003-048445

TITLE: Use of cyclooxygenase-2 inhibitor in the preparation of a medicament for treating psychiatric disorders e.g. schizophrenia.

DERWENT CLASS: B05

INVENTOR(S): MUELLER, N

PATENT ASSIGNEE(S): (MUEL-I) MUELLER N

COUNTRY COUNT: 100

PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 2002102297	A2	20021227	(200318)*	EN	29
RW: AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW MZ NL OA PT SD SE SI SZ TR TZ UG ZM ZW					
W: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU CZ DE DK DM DZ EC EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ OM PH PL PT RO RU SD SE SG SI SK SL TJ TM TN TR TT TZ UA UG US UZ VN YU ZA ZM ZW					
DE 10129320	A1	20030410	(200325)		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
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WO 2002102297 A2  
DE 10129320 A1

WO 2002-EP6013 20020531  
DE 2001-10129320 20010619

PRIORITY APPLN. INFO: US 2002-364904P 20020314; DE 2001-10129320  
20010619

AB WO2002102297 A UPAB: 20030317

NOVELTY - In the preparation of a medicament for treating psychiatric disorders, cyclooxygenase-2 (COX-2) inhibitor is used.

DETAILED DESCRIPTION - An INDEPENDENT CLAIM is included for new kit-of-parts comprising a first dosage form containing neuroleptic drug or an antidepressant and a second dosage form containing a COX-2 inhibitor for simultaneous, simultaneously or sequential administration.

ACTIVITY - Neuroleptic; Antidepressant; Nootropic; Antimanic.

MECHANISM OF ACTION - COX-2 inhibitor.

USE - The COX-2 inhibitor is used for treating psychiatric disorders such as schizophrenia, delusional disorders, affective disorder, autism, tic disorder, chronic schizophrenic psychoses, schizoaffective psychoses, temporary acute psychotic disorder, depressive episodes, recurring depressive episodes, manic episodes and bipolar affective disorder (claimed).

ADVANTAGE - The COX-2 inhibitors prevents or reduces inflammation while avoiding harmful side effects associated with the inhibition of COX-1 such as gastrointestinal and renal side effects as well as inhibition of thrombocyte aggregation.

Dwg.0/5

=> fil medl; d que 1180

FILE 'MEDLINE' ENTERED AT 11:47:11 ON 19 JUN 2003

FILE LAST UPDATED: 18 JUN 2003 (20030618/UP). FILE COVERS 1958 TO DATE.

On April 13, 2003, MEDLINE was reloaded. See HELP RLOAD for details.

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This file contains CAS Registry Numbers for easy and accurate substance identification.

*generic search*

L2 74 SEA FILE=MEDLINE ABB=ON TANDAMIN# OR PIRANDAMIN# OR CICLAZINDO  
L# OR FLUPAROXAN# OR LORTALAMIN#  
L3 31 SEA FILE=MEDLINE ABB=ON TALSUPRAM# OR LU(W) (5003 OR 5 003) OR  
LU5 003 OR TALOPRAM#  
L4 138 SEA FILE=MEDLINE ABB=ON PRINDAMINE# OR LU(W) (3049 OR 3 049)  
OR LU3 049 OR TOMOXETIN# OR DULOXETIN#  
L5 13 SEA FILE=MEDLINE ABB=ON LY139603 OR LY(W) (139603 OR 248686 OR  
227942) OR LY248686 OR LY227942  
L6 946 SEA FILE=MEDLINE ABB=ON VENLAFAXIN# OR WY45030 OR WY 45030 OR  
MILNACIPRAN#  
L7 204 SEA FILE=MEDLINE ABB=ON REBOXETIN#  
L8 1149 SEA FILE=MEDLINE ABB=ON NOMIFENSINE/CT OR VILOXAZINE/CT  
L10 23553 SEA FILE=MEDLINE ABB=ON CHLORPROMAZINE/CT OR HALOPERIDOL/CT  
OR PERPHENAZINE/CT OR THIORIDAZINE/CT  
L11 4954 SEA FILE=MEDLINE ABB=ON MESORIDAZINE/CT OR TRIFLUOPERAZINE/CT  
OR FLUPHENAZINE/CT  
L12 3907 SEA FILE=MEDLINE ABB=ON CLOZAPINE/CT  
L13 1666 SEA FILE=MEDLINE ABB=ON OLANZAPIN# OR LY170053 OR LY 170053  
L14 2557 SEA FILE=MEDLINE ABB=ON RISPERIDONE/CT OR RACLOPRIDE/CT  
L15 258 SEA FILE=MEDLINE ABB=ON ZIPRASIDONE# OR CP88059 OR CP 88059  
OR PEROSPIRON# OR SM 9018 OR SM9018  
L16 173 SEA FILE=MEDLINE ABB=ON ZOTEPIN# OR DU127090 OR DU 127090 OR  
ORG5222 OR ORG 5222 OR SM13496 OR SM 13496  
L17 337 SEA FILE=MEDLINE ABB=ON AMISULPRID# OR SULTOPRID# OR DAN2163  
OR DAN 2163 OR LIN1418 OR LIN 1418  
L18 0 SEA FILE=MEDLINE ABB=ON CP361428 OR CP 261428 OR LU(W) (35 138  
OR 35138) OR LU35 138 OR LU35138  
L19 4 SEA FILE=MEDLINE ABB=ON BALAPERIDON# OR S18327 OR S 18327 OR  
WAY135452 OR WAY 135452 OR EPLIVANSERIN#  
L20 437 SEA FILE=MEDLINE ABB=ON SR(W) (142801 OR 141716 OR 48692) OR  
SR142801 OR SR141716 OR SR48692  
L21 0 SEA FILE=MEDLINE ABB=ON BSF(W) (201640 OR 190555) OR BSF201640  
OR BSF190555 OR LAX101# OR LAX 101#  
L22 16 SEA FILE=MEDLINE ABB=ON SARIZOTAN# OR CX691 OR CX 691 OR  
EMD128130 OR EMD 128130 OR SB271046 OR SB 271046  
L27 35476 SEA FILE=MEDLINE ABB=ON DRUG COMBINATIONS/CT  
L28 71360 SEA FILE=MEDLINE ABB=ON DRUG THERAPY, COMBINATION/CT  
L35 632395 SEA FILE=MEDLINE ABB=ON CENTRAL NERVOUS SYSTEM DISEASES+NT/CT  
  
L180 1 SEA FILE=MEDLINE ABB=ON (L2 OR L3 OR L4 OR L5 OR L6 OR L7 OR  
L8) AND (L10 OR L11 OR L12 OR L13 OR L14 OR L15 OR L16 OR L17  
OR L18 OR L19 OR L20 OR L21 OR L22) AND (L27 OR L28) AND L35

=> d que 1184

L2 74 SEA FILE=MEDLINE ABB=ON TANDAMIN# OR PIRANDAMIN# OR CICLAZINDO



L# OR FLUPAROXAN# OR LORTALAMIN#  
L3 31 SEA FILE=MEDLINE ABB=ON TALSUPRAM# OR LU(W) (5003 OR 5 003) OR  
LU5 003 OR TALOPRAM#  
L4 138 SEA FILE=MEDLINE ABB=ON PRINDAMINE# OR LU(W) (3049 OR 3 049)  
OR LU3 049 OR TOMOXETIN# OR DULOXETIN#  
L5 13 SEA FILE=MEDLINE ABB=ON LY139603 OR LY(W) (139603 OR 248686 OR  
227942) OR LY248686 OR LY227942  
L6 946 SEA FILE=MEDLINE ABB=ON VENLAFAXIN# OR WY45030 OR WY 45030 OR  
MILNACIPRAN#  
L7 204 SEA FILE=MEDLINE ABB=ON REBOXETIN#  
L8 1149 SEA FILE=MEDLINE ABB=ON NOMIFENSINE/CT OR VILOXAZINE/CT  
L10 23553 SEA FILE=MEDLINE ABB=ON CHLORPROMAZINE/CT OR HALOPERIDOL/CT  
OR PERPHENAZINE/CT OR THIORIDAZINE/CT  
L11 4954 SEA FILE=MEDLINE ABB=ON MESORIDAZINE/CT OR TRIFLUOPERAZINE/CT  
OR FLUPHENAZINE/CT  
L12 3907 SEA FILE=MEDLINE ABB=ON CLOZAPINE/CT  
L13 1666 SEA FILE=MEDLINE ABB=ON OLANZAPIN# OR LY170053 OR LY 170053  
L14 2557 SEA FILE=MEDLINE ABB=ON RISPERIDONE/CT OR RACLOPRIDE/CT  
L15 258 SEA FILE=MEDLINE ABB=ON ZIPRASIDONE# OR CP88059 OR CP 88059  
OR PEROSPIRON# OR SM 9018 OR SM9018  
L16 173 SEA FILE=MEDLINE ABB=ON ZOTEPIN# OR DU127090 OR DU 127090 OR  
ORG5222 OR ORG 5222 OR SM13496 OR SM 13496  
L17 337 SEA FILE=MEDLINE ABB=ON AMISULPRID# OR SULTOPRID# OR DAN2163  
OR DAN 2163 OR LIN1418 OR LIN 1418  
L18 0 SEA FILE=MEDLINE ABB=ON CP361428 OR CP 261428 OR LU(W) (35 138  
OR 35138) OR LU35 138 OR LU35138  
L19 4 SEA FILE=MEDLINE ABB=ON BALAPERIDON# OR S18327 OR S 18327 OR  
WAY135452 OR WAY 135452 OR EPLIVANSERIN#  
L20 437 SEA FILE=MEDLINE ABB=ON SR(W) (142801 OR 141716 OR 48692) OR  
SR142801 OR SR141716 OR SR48692  
L21 0 SEA FILE=MEDLINE ABB=ON BSF(W) (201640 OR 190555) OR BSF201640  
OR BSF190555 OR LAX101# OR LAX 101#  
L22 16 SEA FILE=MEDLINE ABB=ON SARIZOTAN# OR CX691 OR CX 691 OR  
EMD128130 OR EMD 128130 OR SB271046 OR SB 271046  
L27 35476 SEA FILE=MEDLINE ABB=ON DRUG COMBINATIONS/CT  
L28 71360 SEA FILE=MEDLINE ABB=ON DRUG THERAPY, COMBINATION/CT  
L34 569073 SEA FILE=MEDLINE ABB=ON MENTAL DISORDERS+NT/CT  
L182 84589 SEA FILE=MEDLINE ABB=ON L34(L) (DT OR PC)/CT - Subtherapeutic  
L184 8 SEA FILE=MEDLINE ABB=ON (L2 OR L3 OR L4 OR L5 OR L6 OR L7 OR  
L8) AND (L10 OR L11 OR L12 OR L13 OR L14 OR L15 OR L16 OR L17  
OR L18 OR L19 OR L20 OR L21 OR L22) AND (L27 OR L28) AND  
L182/MAJ

=> s (1184 or 1180) not 130

L185 9 (L184 OR L180) NOT L30 *previously printed*

=> fil capl; d que 1181; s 1181 not 1101

FILE 'CAPLUS' ENTERED AT 11:49:17 ON 19 JUN 2003

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FILE COVERS 1907 - 19 Jun 2003 VOL 138 ISS 25  
FILE LAST UPDATED: 18 Jun 2003 (20030618/ED)

This file contains CAS Registry Numbers for easy and accurate  
substance identification.

L38	2	SEA	FILE=REGISTRY	ABB=ON	TANDAMINE?/CN
L39	2	SEA	FILE=REGISTRY	ABB=ON	PIRANDAMINE?/CN
L40	2	SEA	FILE=REGISTRY	ABB=ON	CICLAZINDOL?/CN
L41	2	SEA	FILE=REGISTRY	ABB=ON	FLUPAROXAN?/CN
L42	3	SEA	FILE=REGISTRY	ABB=ON	LORTALAMINE?/CN
L43	2	SEA	FILE=REGISTRY	ABB=ON	TALSUPRAM?/CN
L44	2	SEA	FILE=REGISTRY	ABB=ON	TALOPRAM?/CN
L45	1	SEA	FILE=REGISTRY	ABB=ON	PRINDAMINE/CN
L46	6	SEA	FILE=REGISTRY	ABB=ON	NOMIFENSINE?/CN
L47	2	SEA	FILE=REGISTRY	ABB=ON	VILOXAZINE?/CN
L48	2	SEA	FILE=REGISTRY	ABB=ON	TOMOXETINE?/CN
L49	3	SEA	FILE=REGISTRY	ABB=ON	DULOXETINE?/CN
L50	3	SEA	FILE=REGISTRY	ABB=ON	VENLAFAXINE?/CN
L51	2	SEA	FILE=REGISTRY	ABB=ON	MILNACIPRAN?/CN
L52	2	SEA	FILE=REGISTRY	ABB=ON	REBOXETINE?/CN
L53	34	SEA	FILE=REGISTRY	ABB=ON	CHLORPROMAZINE?/CN
L54	18	SEA	FILE=REGISTRY	ABB=ON	HALOPERIDOL?/CN
L55	18	SEA	FILE=REGISTRY	ABB=ON	PERPHENAZINE?/CN
L56	19	SEA	FILE=REGISTRY	ABB=ON	THIORIDAZINE?/CN
L57	5	SEA	FILE=REGISTRY	ABB=ON	MESORIDAZINE?/CN
L58	11	SEA	FILE=REGISTRY	ABB=ON	TRIFLUOPERAZINE?/CN
L59	23	SEA	FILE=REGISTRY	ABB=ON	FLUPHENAZINE?/CN
L60	2	SEA	FILE=REGISTRY	ABB=ON	OLANZAPINE?/CN
L61	1	SEA	FILE=REGISTRY	ABB=ON	RISPERIDONE?/CN
L62	6	SEA	FILE=REGISTRY	ABB=ON	ZIPRASIDONE?/CN
L63	2	SEA	FILE=REGISTRY	ABB=ON	QUETIAPINE?/CN
L64	1	SEA	FILE=REGISTRY	ABB=ON	SERTINDOLE?/CN
L65	1	SEA	FILE=REGISTRY	ABB=ON	ARIPIPRAZOLE?/CN
L66	2	SEA	FILE=REGISTRY	ABB=ON	SONEPIPRAZOLE?/CN
L67	1	SEA	FILE=REGISTRY	ABB=ON	BLONANSERIN?/CN
L68	1	SEA	FILE=REGISTRY	ABB=ON	ILOPERIDONE?/CN
L69	1	SEA	FILE=REGISTRY	ABB=ON	PEROSPIRONE?/CN
L70	3	SEA	FILE=REGISTRY	ABB=ON	RACLOPRIDE?/CN
L71	3	SEA	FILE=REGISTRY	ABB=ON	ZOTEPINE?/CN
L72	1	SEA	FILE=REGISTRY	ABB=ON	"DU 127090"/CN
L73	1	SEA	FILE=REGISTRY	ABB=ON	"ORG 5222"/CN
L74	1	SEA	FILE=REGISTRY	ABB=ON	"SM 13496"/CN
L75	1	SEA	FILE=REGISTRY	ABB=ON	AMISULPRIDE?/CN
L76	1	SEA	FILE=REGISTRY	ABB=ON	"CP 361428"/CN
L77	1	SEA	FILE=REGISTRY	ABB=ON	"LU 35-138"/CN
L78	1	SEA	FILE=REGISTRY	ABB=ON	BALAPERIDONE?/CN
L79	1	SEA	FILE=REGISTRY	ABB=ON	"S 18327"/CN
L80	1	SEA	FILE=REGISTRY	ABB=ON	"WAY 135452"/CN
L81	1	SEA	FILE=REGISTRY	ABB=ON	EPLIVANSERIN?/CN
L82	1	SEA	FILE=REGISTRY	ABB=ON	"E 5842"/CN
L83	1	SEA	FILE=REGISTRY	ABB=ON	"SR 31742"/CN
L84	1	SEA	FILE=REGISTRY	ABB=ON	"NE 100"/CN
L85	1	SEA	FILE=REGISTRY	ABB=ON	OSANETANT/CN
L86	1	SEA	FILE=REGISTRY	ABB=ON	"SR 141716"/CN
L87	1	SEA	FILE=REGISTRY	ABB=ON	"SR 48692"/CN
L88	1	SEA	FILE=REGISTRY	ABB=ON	"BSF 201640"/CN
L89	1	SEA	FILE=REGISTRY	ABB=ON	"BSF 190555"/CN
L90	1	SEA	FILE=REGISTRY	ABB=ON	"LAX 101A"/CN
L91	1	SEA	FILE=REGISTRY	ABB=ON	SARIZOTAN?/CN

L92 1 SEA FILE=REGISTRY ABB=ON "CX 691"/CN  
L93 1 SEA FILE=REGISTRY ABB=ON "SB 271046"/CN  
L94 4 SEA FILE=REGISTRY ABB=ON CLOZAPINE?/CN  
L95 914 SEA FILE=CAPLUS ABB=ON NOREPINEPHRINE (2A) ?UPTAKE? (2A) INHIBITOR  
# OR NRI#  
L96 1 SEA FILE=REGISTRY ABB=ON NOREPINEPHRINE/CN  
L97 278 SEA FILE=CAPLUS ABB=ON L96(L) (UPTAKE OR REUPTAKE) (L) INHIBITOR#  
/OBI  
L98 27695 SEA FILE=CAPLUS ABB=ON DRUG INTERACTIONS+OLD,NT/CT  
L99 1903 SEA FILE=CAPLUS ABB=ON DRUG DELIVERY SYSTEMS+OLD/CT (L) COMBIN?  
  
L102 18238 SEA FILE=CAPLUS ABB=ON NEUROLEPTIC# OR ANTIPSYCHOTIC# OR ANTI  
PSYCHOTIC#  
L103 29 SEA FILE=CAPLUS ABB=ON (L98 OR L99) AND (L97 OR L95 OR (L38  
OR L39 OR L40 OR L41 OR L42 OR L43 OR L44 OR L45 OR L46 OR L47  
OR L48 OR L49 OR L50 OR L51 OR L52)) AND (L102 OR (L53 OR L54  
OR L55 OR L56 OR L57 OR L58 OR L59 OR L60 OR L61 OR L62 OR L63  
OR L64 OR L65 OR L66 OR L67 OR L68 OR L69 OR L70 OR L71 OR L72  
OR L73 OR L74 OR L75 OR L76 OR L77 OR L78 OR L79 OR L80 OR L81  
OR L82 OR L83 OR L84 OR L85 OR L86 OR L87 OR L88 OR L89 OR L90  
OR L91 OR L92 OR L93 OR L94))  
L105 4108 SEA FILE=CAPLUS ABB=ON NERVOUS SYSTEM(L)CENTRAL/OBI (L) (DISEASE  
# OR DISORDER#)  
L181 1 SEA FILE=CAPLUS ABB=ON L103 AND L105

L186 0 L181 NOT (L101)

*previously  
printed*

=> fil embase; d que 1172

FILE 'EMBASE' ENTERED AT 11:49:29 ON 19 JUN 2003

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FILE COVERS 1974 TO 12 Jun 2003 (20030612/ED)

EMBASE has been reloaded. Enter HELP RLOAD for details.

This file contains CAS Registry Numbers for easy and accurate  
substance identification.

L120 534 SEA FILE=EMBASE ABB=ON REBOXETINE/CT  
L121 568 SEA FILE=EMBASE ABB=ON NORADRENALIN UPTAKE INHIBITOR/CT  
L122 141 SEA FILE=EMBASE ABB=ON TANDAMINE/CT OR PIRANDAMINE/CT OR  
CICLAZINDOL/CT OR FLUPAROXAN/CT OR LARTALAMINE/CT  
L123 3735 SEA FILE=EMBASE ABB=ON TALSUPRAM/CT OR NOMIFENSINE/CT OR  
NOMIFENSINE MALEATE/CT OR VILOXAZINE/CT  
L124 3170 SEA FILE=EMBASE ABB=ON TOMOXETINE/CT OR DULOXETINE/CT OR  
DULOXETINE OXALATE/CT OR VENLAFAXINE/CT  
L125 271 SEA FILE=EMBASE ABB=ON MILNACIPRAN/CT  
L127 10318 SEA FILE=EMBASE ABB=ON CLOZAPINE/CT OR CLOZAPINE DERIVATIVE/CT  
  
L128 106104 SEA FILE=EMBASE ABB=ON NEUROLEPTIC AGENT+NT/CT  
L129 24792 SEA FILE=EMBASE ABB=ON CHLORPROMAZINE/CT OR CHLORPROMAZINE  
DERIVATIVE/CT  
L130 30214 SEA FILE=EMBASE ABB=ON HALOPERIDOL/CT OR HALOPERIDOL DECANOATE  
/CT  
L131 3845 SEA FILE=EMBASE ABB=ON PERPHENAZINE/CT OR PERPHENAZINE  
DECANOATE/CT OR PERPHENAZINE ENANTHATE/CT  
L132 7824 SEA FILE=EMBASE ABB=ON THIORIDAZINE/CT OR MESORIDAZINE/CT OR  
MESORIDAZINE BESYLATE/CT  
L133 6733 SEA FILE=EMBASE ABB=ON TRIFLUOPERAZINE/CT OR TRIFLUOPERAZINE  
DERIVATIVE/CT

L134 6702 SEA FILE=EMBASE ABB=ON FLUPHENAZINE/CT OR FLUPHENAZINE  
DECANOATE/CT OR FLUPHENAZINE ENANTHATE/CT  
L135 7601 SEA FILE=EMBASE ABB=ON OLANZAPINE/CT OR RISPERIDONE/CT OR  
ZIPRASIDONE/CT OR QUETIAPINE/CT OR SERTINDOLE/CT  
L136 185 SEA FILE=EMBASE ABB=ON ARIPIPRAZOLE/CT OR SONEPIPRAZOLE/CT OR  
BLONANSERIN/CT OR ILOPERIDONE/CT  
L137 2313 SEA FILE=EMBASE ABB=ON PEROSPIRONE/CT OR RACLOPRIDE/CT OR  
ZOTEPRINE/CT OR AMISULPRIDE/CT  
L138 134 SEA FILE=EMBASE ABB=ON EPLIVANSERIN/CT OR OSANETANT/CT  
L145 10 SEA FILE=EMBASE ABB=ON LORTALAMINE/CT  
L146 502 SEA FILE=EMBASE ABB=ON ZOTEPINE/CT  
L147 57 SEA FILE=EMBASE ABB=ON "2,3,3A,12B TETRAHYDRO 3 METHYL 1H  
DIBENZO(B,F)OXEPINO(10,11 C)PYRROLE"/CT  
L148 16 SEA FILE=EMBASE ABB=ON "4 (4 FLUOROPHENYL) 1,2,3,6 TETRAHYDRO  
1 (4 (1,2,4 TRIAZOL 1 YL)BUTYL)PYRIDINE"/CT OR "E 5842"/CT  
L149 100 SEA FILE=EMBASE ABB=ON "2 (4 METHOXY 3 (2 PHENYLETHOXY)PHENYL)  
N,N DIPROPYLETHYLAMINE"/CT  
L150 817 SEA FILE=EMBASE ABB=ON "5 (4 CHLOROPHENYL) 1 (2,4 DICHLOROPHEN  
YL) 4 METHYL N (1 PIPERIDYL) 1H PYRAZOLE 3 CARBOXAMIDE"/CT OR  
SR 141716/CT  
L151 178 SEA FILE=EMBASE ABB=ON "2 ((1 (7 CHLORO 4 QUINOLINYL) 5 (2,6  
DIMETHOXYPHENYL) 3 PYRAZOLYL)CARBONYLAMINO) 2 ADAMANTANECARBOXY  
LIC ACID"/CT  
L154 568351 SEA FILE=EMBASE ABB=ON CENTRAL NERVOUS SYSTEM DISEASE+NT/CT  
L171 119 SEA FILE=EMBASE ABB=ON ((L120 OR L121 OR L122 OR L123 OR L124  
OR L125) OR L145)(L)CB/CT AND ((L127 OR L128 OR L129 OR L130  
OR L131 OR L132 OR L133 OR L134 OR L135 OR L136 OR L137 OR  
L138) OR (L146 OR L147 OR L148 OR L149 OR L150 OR L151))(L)CB/C  
T  
L172 15 SEA FILE=EMBASE ABB=ON L171 AND L154

=> s 1172 not 1173

L187 15 L172 NOT L173

*previously  
printed*

=> dup rem 1185,1187

FILE 'MEDLINE' ENTERED AT 11:49:57 ON 19 JUN 2003

FILE 'EMBASE' ENTERED AT 11:49:57 ON 19 JUN 2003

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PROCESSING COMPLETED FOR L185

PROCESSING COMPLETED FOR L187

L188 23 DUP REM L185 L187 (1 DUPLICATE REMOVED)

ANSWERS '1-9' FROM FILE MEDLINE

ANSWERS '10-23' FROM FILE EMBASE

=> d iall 1-23; fil hom

L188 ANSWER 1 OF 23

MEDLINE

DUPLICATE 1

ACCESSION NUMBER: 2001502545 MEDLINE

DOCUMENT NUMBER: 21436503 PubMed ID: 11552770

TITLE: **Reboxetine** add on therapy to haloperidol in the  
treatment of schizophrenia: a preliminary double-blind  
randomized placebo-controlled study.

AUTHOR: Schutz G; Berk M

CORPORATE SOURCE: Department of Psychiatry, University of the Witwatersrand  
Medical School, Johannesburg, South Africa.

SOURCE: INTERNATIONAL CLINICAL PSYCHOPHARMACOLOGY, (2001 Sep) 16  
(5) 275-8.

Journal code: 8609061. ISSN: 0268-1315.

PUB. COUNTRY: England: United Kingdom

DOCUMENT TYPE: (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)

## (RANDOMIZED CONTROLLED TRIAL)

LANGUAGE: English  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 200202  
ENTRY DATE: Entered STN: 20010913  
Last Updated on STN: 20020228  
Entered Medline: 20020227

## ABSTRACT:

The negative symptoms of schizophrenia remain a major clinical challenge. \*\*\*Reboxetine\*\*\* is an antidepressant whose major mechanism of action is as a noradrenergic reuptake inhibitor. This study was a 6-week randomized placebo-controlled trial of **reboxetine** or placebo add on to haloperidol 5 mg in the treatment of 30 patients with DSM-IV schizophrenia. The trial failed to demonstrate any significant difference between the placebo and **reboxetine** groups on any of the outcome measures. This trial does not suggest that increased noradrenergic drive mediated by reuptake inhibition in patients taking dopamine antagonists is of therapeutic value in schizophrenia.

CONTROLLED TERM: Check Tags: Comparative Study; Female; Human; Male Adult

\*Antidepressive Agents: AD, administration & dosage  
Antidepressive Agents: AE, adverse effects

Chronic Disease

Depression: DI, diagnosis

\*Depression: DT, drug therapy

Depression: PX, psychology

Double-Blind Method

Drug Therapy, Combination

\*Haloperidol: AD, administration & dosage

Haloperidol: AE, adverse effects

\*Morpholines: AD, administration & dosage

Morpholines: AE, adverse effects

Psychiatric Status Rating Scales

Schizophrenia: DI, diagnosis

\*Schizophrenia: DT, drug therapy

\*Schizophrenic Psychology

Treatment Outcome

CAS REGISTRY NO.: 52-86-8 (Haloperidol); 98769-81-4 (**reboxetine**)

CHEMICAL NAME: 0 (Antidepressive Agents); 0 (Morpholines)

L188 ANSWER 2 OF 23

MEDLINE

ACCESSION NUMBER: 2002292391 MEDLINE

DOCUMENT NUMBER: 22028842 PubMed ID: 12032425

TITLE: Management of treatment resistant obsessive-compulsive disorder. Algorithms for pharmacotherapy.

AUTHOR: Albert U; Bergesio C; Pessina E; Maina G; Bogetto F

CORPORATE SOURCE: Anxiety and Mood Disorders Unit, Department of Neurosciences, University of Turin, Turin, Italy.

SOURCE: PANMINERVA MEDICA, (2002 Jun) 44 (2) 83-91. Ref: 83  
Journal code: 0421110. ISSN: 0031-0808.

PUB. COUNTRY: Italy

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

General Review; (REVIEW)

(REVIEW, TUTORIAL)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200208

ENTRY DATE: Entered STN: 20020529

Last Updated on STN: 20020820

Entered Medline: 20020819

## ABSTRACT:

Treatment resistant OCD subjects, defined as those patients who undergo an adequate trial of SRI (clomipramine or SSRI) and do not respond or show

unsatisfactory results, account for 40-50% of all patients. Once the appropriateness of the trial has been assessed, several options exist for the clinicians. If clomipramine or citalopram have been used, an appropriate strategy consists in giving the same drug intravenously. Double-blind studies exist on the efficacy of clomipramine IV, while data are missing for citalopram. Another option that should be considered first, although data are scarce, is the addition of a cognitive behavioral therapy, when available, in the forms of exposure and response prevention. When such options are not suitable or available, augmentation of the ongoing SRI with another compound represents the preferable strategy. Double-blind, placebo-controlled studies have shown the efficacy of adding pindolol (7.5 mg/d), risperidone (2 mg/d) and \*\*\*olanzapine\*\*\* (5-10 mg/d). Other agents have been proposed, but data emerging from double-blind studies were negative or contradictory. Another option available is switching from CMI to SSRI, or vice versa, or from SSRI to SSRI. Data regarding such treatment strategy, however, are highly preliminary, based on a couple of open label reports and on studies performed in treatment resistant depression. An unresolved question is whether augmentation should be preferred to switching. No data exist in OCD; a practical approach would suggest augmentation first, considering that response should be obtained faster than by switching compound. When all the available and effective strategies prove ineffective, clinicians should consider switching the patient to other compounds in monotherapy, such as **venlafaxine**, sumatriptan, inositol, although research is strongly needed before conclusions on the efficacy of such compounds can be drawn.

CONTROLLED TERM: Check Tags: Human  
Algorithms  
Citalopram: AD, administration & dosage  
Citalopram: TU, therapeutic use  
Clomipramine: AD, administration & dosage  
Clomipramine: TU, therapeutic use  
Cognitive Therapy  
Combined Modality Therapy  
Dopamine Antagonists: AD, administration & dosage  
Drug Resistance  
Drug Therapy Combination  
\*Obsessive-Compulsive Disorder: DT, drug therapy  
Obsessive-Compulsive Disorder: TH, therapy  
Serotonin Uptake Inhibitors: AD, administration & dosage  
Serotonin Uptake Inhibitors: TU, therapeutic use  
CAS REGISTRY NO.: 303-49-1 (Clomipramine); 59729-33-8 (Citalopram)  
CHEMICAL NAME: 0 (Dopamine Antagonists); 0 (Serotonin Uptake Inhibitors)

L188 ANSWER 3 OF 23 MEDLINE  
ACCESSION NUMBER: 2001531958 MEDLINE  
DOCUMENT NUMBER: 21462297 PubMed ID: 11579017  
TITLE: Addition of **olanzapine** for treatment-resistant depression.  
AUTHOR: Pitchot W; Ansseau M  
SOURCE: AMERICAN JOURNAL OF PSYCHIATRY, (2001 Oct) 158 (10) 1737-8.  
Journal code: 0370512. ISSN: 0002-953X.  
PUB. COUNTRY: United States  
DOCUMENT TYPE: Letter  
LANGUAGE: English  
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals  
ENTRY MONTH: 200111  
ENTRY DATE: Entered STN: 20011002  
Last Updated on STN: 20011105  
Entered Medline: 20011101  
CONTROLLED TERM: Check Tags: Case Report; Female; Human  
Adult  
\*Antidepressive Agents, Second-Generation: TU, therapeutic use  
\*Antipsychotic Agents: TU, therapeutic use

\*Cyclohexanols: TU, therapeutic use  
\***Depressive Disorder: DT, drug therapy**  
Depressive Disorder: PX, psychology  
**Drug Therapy, Combination**  
Pirenzepine: AA, analogs & derivatives  
\*Pirenzepine: TU, therapeutic use  
Treatment Outcome

CAS REGISTRY NO.: 132539-06-1 (**olanzapine**); 28797-61-7  
(Pirenzepine); 93413-69-5 (**venlafaxine**).  
CHEMICAL NAME: 0 (Antidepressive Agents, Second-Generation); 0  
(Antipsychotic Agents); 0 (Cyclohexanols)

L188 ANSWER 4 OF 23 MEDLINE  
ACCESSION NUMBER: 2000137547 MEDLINE  
DOCUMENT NUMBER: 20137547 PubMed ID: 10675082  
TITLE: Neuroleptic malignant syndrome after **venlafaxine**.  
COMMENT: Comment in: Lancet. 2000 Jun 17;355(9221):2164-5  
AUTHOR: Nimmagadda S R; Ryan D H; Atkin S L  
SOURCE: LANCET, (2000 Jan 22) 355 (9200): 289-90.  
Journal code: 2985213R. ISSN: 0140-6736.  
PUB. COUNTRY: ENGLAND: United Kingdom  
DOCUMENT TYPE: Letter  
LANGUAGE: English  
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals  
ENTRY MONTH: 200003  
ENTRY DATE: Entered STN: 20000320  
Last Updated on STN: 20000928  
Entered Medline: 20000309

## ABSTRACT:

A patient developed neuroleptic malignant syndrome after a single dose of  
\*\*\*venlafaxine\*\*\* with trifluoperazine treatment. A dopamine-inhibition  
effect induced by one dose of **venlafaxine** may have augmented  
dopamine-receptor inhibition by trifluoperazine.

CONTROLLED TERM: Check Tags: Case Report; Human; Male  
Adult  
\*Antidepressive Agents, Second-Generation: AE, adverse  
effects  
Antidepressive Agents, Second-Generation: TU, therapeutic  
use  
\*Cyclohexanols: AE, adverse effects  
Cyclohexanols: TU, therapeutic use  
Dopamine Antagonists: TU, therapeutic use  
Drug Interactions

**Drug Therapy, Combination**

\***Neuroleptic Malignant Syndrome: ET, etiology**  
**Trifluoperazine: TU, therapeutic use**

CAS REGISTRY NO.: 117-89-5 (Trifluoperazine); 93413-69-5  
(**venlafaxine**)  
CHEMICAL NAME: 0 (Antidepressive Agents, Second-Generation); 0  
(Cyclohexanols); 0 (Dopamine Antagonists)

L188 ANSWER 5 OF 23 MEDLINE  
ACCESSION NUMBER: 2001094006 MEDLINE  
DOCUMENT NUMBER: 21029896 PubMed ID: 11190762  
TITLE: [Effective treatment of depressive disorder with psychotic  
symptoms by **olanzapine** combination therapy].  
Die effektivere Behandlung einer depressiven Störung mit  
psychotischen Symptomen durch Kombination mit  
**Olanzapin**.  
AUTHOR: Schmitt A; Braus D F  
CORPORATE SOURCE: Zentralinstitut für Seelische Gesundheit, J5, Mannheim..  
dfbraus@as.200.zi-mannheim.de  
SOURCE: DEUTSCHE MEDIZINISCHE WOCHENSCHRIFT, (2000 Dec 15) 125 (50)

1526-9.

Journal code: 0006723. ISSN: 0012-0472.

PUB. COUNTRY: Germany: Germany, Federal Republic of  
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
LANGUAGE: German  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 200101  
ENTRY DATE: Entered STN: 20010322  
Last Updated on STN: 20010322  
Entered Medline: 20010125

## ABSTRACT:

HISTORY AND ADMISSION FINDINGS: Four days after swallowing lithium and amitriptyline tablets with suicidal intent, a 48-year-old man was admitted. He was known to be suffering from recurrent depression which had led to 7 previous hospital admissions. At psychiatric assessment he appeared to be depressed with reduced ability of affective changes and impaired formal reasoning. He exhibited delusions of guilt and reference. His sleep was impaired and appetite diminished. INVESTIGATIONS: Serum lithium level was 1.98 mmol/l (therapeutic range 0.8-1.0 mmol/l). An ECG demonstrated sinus tachycardia, the EEG showed theta waves with mild general changes. DIAGNOSIS, TREATMENT AND COURSE: He was diagnosed as suffering from severe depressive syndrome with psychotic symptoms. He was given both antidepressive and neuroleptic drugs: mirtazapine 30 mg daily (p.d.) and halperidol 10 mg p.d.. When both the depressive and psychotic symptoms were treatment-resistant, even after a change from mirtazapine to **venlafaxine** (300 mg p.d.), the drug regimen was changed to sertraline, 150 mg p.d., and **olanzapine**, 20 mg p.d.. While this brought about improvement, his condition deteriorated when **olanzapine** was withdrawn. But all symptoms completely disappeared when **olanzapine** was again given. Spontaneous remission in the future thus seems unlikely to occur. CONCLUSION: This case illustrates that the atypical antipsychotic drug **olanzapine** has some advantages over such typical antipsychotic drug **olanzapine** has some advantages over such typical antipsychotic medication as butyrophenone. The underlying mechanism for this greater efficacy is probably the difference in receptor-binding capacity between these drugs, the former inhibiting some serotonin receptors so that it is synergistic with antidepressives that inhibit serotonin transport.

CONTROLLED TERM: Check Tags: Case Report; Human; Male  
\*Antidepressive Agents, Second-Generation: AD, administration & dosage  
Antidepressive Agents, Second-Generation: AE, adverse effects  
\*Antipsychotic Agents: AD, administration & dosage  
Antipsychotic Agents: AE, adverse effects  
Depression, Involutional: DI, diagnosis  
\*Depression, Involutional: DT, drug therapy  
Depression, Involutional: PX, psychology  
Drug Therapy, Combination  
English Abstract  
Middle Age  
\*Pirenzepine: AD, administration & dosage  
Pirenzepine: AE, adverse effects  
\*Pirenzepine: AA, analogs & derivatives  
Psychotic Disorders: DI, diagnosis  
\*Psychotic Disorders: DT, drug therapy  
Psychotic Disorders: PX, psychology  
\*Sertraline: AD, administration & dosage  
Sertraline: AE, adverse effects  
Treatment Outcome  
CAS REGISTRY NO.: 132539-06-1 (**olanzapine**); 28797-61-7  
(Pirenzepine); 79617-96-2 (Sertraline)  
CHEMICAL NAME: 0 (Antidepressive Agents, Second-Generation); 0  
(Antipsychotic Agents)



L188 ANSWER 6 OF 23 MEDLINE  
ACCESSION NUMBER: 84124386 MEDLINE  
DOCUMENT NUMBER: 84124386 PubMed ID: 6666645  
TITLE: Mixed anxiety/depressive illness in general practice. A  
therapeutic comparison of nomifensine with  
fluphenazine/nortriptyline.  
AUTHOR: Valle-Jones J C; Craven J R; Wallis T D; Schiff A A  
SOURCE: ACTA PSYCHIATRICA SCANDINAVICA, (1983 Dec) 68 (6) 494-500.  
Journal code: 0370364. ISSN: 0001-690X.  
PUB. COUNTRY: Denmark  
DOCUMENT TYPE: (CLINICAL TRIAL)  
Journal; Article; (JOURNAL ARTICLE)  
(RANDOMIZED CONTROLLED TRIAL)  
LANGUAGE: English  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 198402  
ENTRY DATE: Entered STN: 19900319  
Last Updated on STN: 19900319  
Entered Medline: 19840229

## ABSTRACT:

The effect of the dopamine agonist antidepressant drug, nomifensine, on mixed anxiety/depressive states in general practice was assessed by means of a double-blind comparison with a standard fluphenazine/nortriptyline preparation. 57 patients were randomly allocated to 4 weeks' treatment with either nomifensine 25-50 mg taken three times daily, or a tablet containing 1.5 mg fluphenazine with 30 mg nortriptyline (Motipress) taken once daily. The overall response to both treatments was satisfactory, but Motipress was significantly superior (P less than 0.01) to nomifensine in the relief of fatigue and loss of energy, irritability, poor concentration and difficulty in coping, and there was also evidence of greater relief of depressive symptoms. In mixed anxiety/depressive states in general practice, nomifensine offers no advantage over a simple one tablet daily Motipress regimen.

CONTROLLED TERM: Check Tags: Comparative Study; Female; Human; Male  
Adolescent  
Adult  
Aged

*neuroleptic*  
\*Anxiety Disorders: DT, drug therapy  
Anxiety Disorders: PX, psychology  
\*Depressive Disorder: DT, drug therapy  
Depressive Disorder: PX, psychology  
Double-Blind Method  
Drug Combinations: TU, therapeutic use

\*Fluphenazine: TU, therapeutic use  
\*Isoquinolines: TU, therapeutic use  
Middle Age

\*Nomifensine: TU, therapeutic use  
\*Nortriptyline: TU, therapeutic use  
Psychiatric Status Rating Scales

CAS REGISTRY NO.: 24526-64-5 (Nomifensine); 66555-51-9 (Motival); 69-23-8  
(Fluphenazine); 72-69-5 (Nortriptyline)  
CHEMICAL NAME: 0 (Drug Combinations); 0 (Isoquinolines)

L188 ANSWER 7 OF 23 MEDLINE  
ACCESSION NUMBER: 81168674 MEDLINE  
DOCUMENT NUMBER: 81168674 PubMed ID: 7012190  
TITLE: *→* Viloxazine and the depressed schizophrenic--methodological  
issues.  
AUTHOR: Kurland A A; Nagaraju A  
SOURCE: JOURNAL OF CLINICAL PHARMACOLOGY, (1981 Jan) 21 (1) 37-41.  
Journal code: 0366372. ISSN: 0091-2700.  
PUB. COUNTRY: United States  
DOCUMENT TYPE: (CLINICAL TRIAL)  
Journal; Article; (JOURNAL ARTICLE)

*NE reuptake inhibitor*

LANGUAGE: English  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 198106  
ENTRY DATE: Entered STN: 19900316  
Last Updated on STN: 19900316  
Entered Medline: 19810613

## ABSTRACT:

A pilot study of a small group of schizophrenic patients manifesting symptoms of a depressive nature was treated in a double-blind study in which viloxazine or a placebo was administered in combination with either chlorpromazine or haloperidol. There appeared to be no difference between the viloxazine-treated group and the placebo-treated group, although the study raised some question as to the adequacies of the dosage utilized since there was an absence of any apparent side effects. In view of these issues concerning the clinical merit of the combination, this obviously requires further investigation.

CONTROLLED TERM: Check Tags: Comparative Study; Human  
Adult

Chlorpromazine: AD, administration & dosage  
Clinical Trials

Depression: CO, complications

\*Depression: DT, drug therapy

Double-Blind Method

Drug Therapy, Combination

Haloperidol: AD, administration & dosage

Middle Age

\*Morpholines: AD, administration & dosage

Schizophrenia: CO, complications

\*Schizophrenia: DT, drug therapy

\*Viloxazine: AD, administration & dosage

CAS REGISTRY NO.: 46817-91-8 (Viloxazine); 50-53-3 (Chlorpromazine); 52-86-8  
(Haloperidol)

CHEMICAL NAME: 0 (Morpholines)

L188 ANSWER 8 OF 23

MEDLINE

ACCESSION NUMBER: 77048336 MEDLINE

DOCUMENT NUMBER: 77048336 PubMed ID: 991806

TITLE: [Chemotherapy of melancholia by sequential  
neuroleptic-viloxazine association].  
Chimiotherapie de la melancolie par l'association  
sequentielle neuroleptique-viloxazine.

AUTHOR: Brion S; Chevalier J F; Guerin R; Ginestet D

SOURCE: ENCEPHALE, (1976) 2 (3) 257-71.

Journal code: 7505643. ISSN: 0013-7006.

PUB. COUNTRY: France

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: French

FILE SEGMENT: Priority Journals

ENTRY MONTH: 197701

ENTRY DATE: Entered STN: 19900313

Last Updated on STN: 19900313

Entered Medline: 19770129

## ABSTRACT:

Viloxazine administered as a unique antidepressant may in some cases cause an aggravation of anxiety and agitation or manic states. In order to control this effect, we thought of administering neuroleptics and anxiolytics: 1) Before Viloxazine for a few days. 2) Then during antidepressant treatment. The results were as follow: 1) Quick and efficient upon melancholic states in manic -- depressive psychoses. 2) Irregular and questionable upon other depressions.

CONTROLLED TERM: Check Tags: Case Report; Female; Human; Male

Adjustment Disorders: DT, drug therapy  
Adult

Bipolar Disorder: DT, drug therapy

Chlorpromazine: AD, administration & dosage

Depression: DT, drug therapy

**\*Depression, Involutional: DT, drug therapy  
Drug Therapy, Combination**

English Abstract

**Haloperidol: AD, administration & dosage**

Methotrimeprazine: AD, administration & dosage  
Middle Age

\*Morpholines: AD, administration & dosage

Sulpiride: AD, administration & dosage

\*Tranquilizing Agents: AD, administration & dosage

**\*Viloxazine: AD, administration & dosage**

CAS REGISTRY NO.: 15676-16-1 (Sulpiride); 46817-91-8 (Viloxazine); 50-53-3  
(Chlorpromazine); 52-86-8 (Haloperidol); 60-99-1  
(Methotrimeprazine)

CHEMICAL NAME: 0 (Morpholines); 0 (Tranquilizing Agents)

L188 ANSWER 9 OF 23

MEDLINE

ACCESSION NUMBER: 92258631 MEDLINE

DOCUMENT NUMBER: 92258631 PubMed ID: 162677

TITLE: A placebo controlled trial of viloxazine with and without  
tranquillizers in depressive illness.

AUTHOR: Magnus R V

CORPORATE SOURCE: Rubery Hill Hospital, Birmingham, England.

SOURCE: JOURNAL OF INTERNATIONAL MEDICAL RESEARCH, (1975) 3 (3)  
207-13.

Journal code: 0346411. ISSN: 0300-0605.

PUB. COUNTRY: ENGLAND: United Kingdom

DOCUMENT TYPE: (CLINICAL TRIAL)

(CONTROLLED CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 199206

ENTRY DATE: Entered STN: 19920626

Last Updated on STN: 19960129

Entered Medline: 19920612

ABSTRACT:

Two double-blind four-way crossover studies are reported, comparing the antidepressant effect of 14-day courses of: viloxazine, viloxazine with a tranquillizer either perphenazine or diazepam or tranquillizer alone, against a placebo. In one study the antidepressant effect of viloxazine at a dose of 150 mg daily was statistically greater than that of placebo, whilst in the second study viloxazine was statistically superior to diazepam (15 mg daily). In depressed patients with a clear anxiety component, viloxazine alone seemed preferable to a combination with a tranquillizer as such a combination did not produce an enhanced clinical effect and the incidence of side-effects was possibly increased. Viloxazine was generally well tolerated and side-effects, when they occurred, were generally a mild upper gastro-intestinal disturbance.

CONTROLLED TERM: Check Tags: Comparative Study; Female; Human; Male

**\*Depressive Disorder: DT, drug therapy**

Diazepam: AE, adverse effects

\*Diazepam: TU, therapeutic use

Double-Blind Method

**Drug Therapy, Combination**

Middle Age

**Perphenazine: AE, adverse effects**

**\*Perphenazine: TU, therapeutic use**

Placebos

**Viloxazine: AE, adverse effects**

**\*Viloxazine: TU, therapeutic use**

CAS REGISTRY NO.: 439-14-5 (Diazepam); 46817-91-8 (Viloxazine); 58-39-9  
(Perphenazine)

CHEMICAL NAME: 0 (Placebos)

L188 ANSWER 10 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.  
ACCESSION NUMBER: 2003167808 EMBASE  
TITLE: Acute akinetic crisis with marked cognitive impairment due to valproate treatment.  
AUTHOR: Rief A.; Hamelbeck B.; Pfuhlmann B.  
CORPORATE SOURCE: A. Rief, Department of Psychiatry, Julius-Maximilians-Univ. of Wurzburg, Wurzburg, Germany  
SOURCE: International Journal of Geriatric Psychiatry, (1 Apr 2003) 18/4 (356-357).  
Refs: 5  
ISSN: 0885-6230 CODEN: IJGPES  
COUNTRY: United Kingdom  
DOCUMENT TYPE: Journal; Letter  
FILE SEGMENT: 032 Psychiatry  
037 Drug Literature Index  
038 Adverse Reactions/ Titles  
008 Neurology and Neurosurgery  
LANGUAGE: English  
CONTROLLED TERM: Medical Descriptors:  
\*akinesia: SI, side effect  
\*cognitive defect: SI, side effect  
human  
case report  
adult  
female  
extrapyramidal syndrome: SI, side effect  
depression: DT, drug therapy  
drug tolerability  
dysarthria: SI, side effect  
hypokinesia: SI, side effect  
ataxia: SI, side effect  
vascular lesion  
motor dysfunction: SI, side effect  
motor dysfunction: DT, drug therapy  
drug dose regimen  
rigor: SI, side effect  
stupor: SI, side effect  
somnolence: SI, side effect  
rigidity  
tremor: SI, side effect  
drug blood level  
disorientation: SI, side effect  
perseveration  
brain infarction  
carotid artery obstruction  
heart atrium fibrillation  
hypertension  
brain degeneration  
side effect: SI, side effect  
hyperammonemia: SI, side effect  
letter  
Drug Descriptors:  
\*valproic acid: AE, adverse drug reaction  
\*valproic acid: DO, drug dose  
\*valproic acid: DT, drug therapy  
\*valproic acid: CB, drug combination  
\*valproic acid: CR, drug concentration  
lithium: AE, adverse drug reaction  
lithium: DT, drug therapy  
lithium: CB, drug combination  
lithium: DO, drug dose

lithium: CR, drug concentration  
mirtazapine: DT, drug therapy  
mirtazapine: CB, drug combination  
mirtazapine: AE, adverse drug reaction  
reboxetine: DT, drug therapy

**reboxetine: CB, drug combination**

reboxetine: AE, adverse drug reaction  
olanzapine: DT, drug therapy

**olanzapine: CB, drug combination**

olanzapine: AE, adverse drug reaction  
psychotropic agent: DT, drug therapy  
psychotropic agent: CB, drug combination  
psychotropic agent: AE, adverse drug reaction  
psychotropic agent: DO, drug dose  
psychotropic agent: CR, drug concentration  
amantadine: DT, drug therapy

CAS REGISTRY NO.: (valproic acid) 1069-66-5, 99-66-1; (lithium) 7439-93-2;  
(mirtazapine) 51337-67-5; (reboxetine) 98769-81-4,  
98769-84-7; (olanzapine) 132539-06-1; (amantadine)  
665-66-7, 768-94-5

L188 ANSWER 11 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.

ACCESSION NUMBER: 2003075193 EMBASE

TITLE: Pharmacologic management by clinical pharmacists of  
behavioral and psychological symptoms of dementia in  
nursing home residents: Results from a pilot study.

AUTHOR: Rojas-Fernandez C.H.; Eng M.; Allie N.D.

CORPORATE SOURCE: Dr. C.H. Rojas-Fernandez, Texas Tech Univ. Hlth. Sci.  
Center, Department of Pharmacy Practice, School of  
Pharmacy, 1300 Coulter, Amarillo, TX 79106-1712, United  
States. carlosr@cortex.ama.ttuhsu.edu

SOURCE: Pharmacotherapy, (1 Feb 2003) 23/2 (217-221).  
Refs: 11

ISSN: 0277-0008 CODEN: PHPYDQ

COUNTRY: United States

DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 008 Neurology and Neurosurgery  
017 Public Health, Social Medicine and Epidemiology  
020 Gerontology and Geriatrics  
037 Drug Literature Index  
038 Adverse Reactions Titles

LANGUAGE: English

SUMMARY LANGUAGE: English

ABSTRACT:

A pharmacist-based consulting service was developed for the pharmacologic management of behavioral and psychological symptoms of dementia (BPSD) in a nursing home setting. Patients were evaluated using the Behavioral Pathology in Alzheimer's Disease (BEHAVE-AD) rating scale, and pharmacotherapy was selected using a structured approach. Eleven patients were evaluated and treated with various psychotropic drugs. The most commonly administered drug was trazodone at a mean dosage of 70 mg/day (range 50-100 mg/day). Nine of the patients demonstrated satisfactory treatment responses as shown by a decreased BEHAVE-AD score of 30% or more (average BEHAVE-AD scores at baseline and 1 month after treatment were 13 +/- 4 and 4 +/- 3, respectively), and no clinical side effects were observed. The service was well received by the facility staff and primary care providers. These preliminary results suggest that pharmacists can play an important role in the pharmacotherapy of BPSD with positive clinical outcomes.

CONTROLLED TERM: Medical Descriptors:

**\*Alzheimer disease: DT, drug therapy**

\*psychopharmacotherapy  
pharmacist

behavior  
nursing home  
clinical practice  
consultation  
rating scale  
treatment outcome  
side effect: SI, side effect  
practice guideline  
algorithm  
elderly care  
drug effect  
human  
male  
female  
clinical article  
aged  
adult  
article

## Drug Descriptors:

\*neuroleptic agent: AE, adverse drug reaction

**\*neuroleptic agent: CB, drug combination**

\*neuroleptic agent: DT, drug therapy

trazodone: AE, adverse drug reaction

trazodone: CB, drug combination

trazodone: DT, drug therapy

**venlafaxine: CB, drug combination**

venlafaxine: DT, drug therapy

donepezil: DT, drug therapy

quetiapine: AE, adverse drug reaction

**quetiapine: CB, drug combination**

quetiapine: DT, drug therapy

sertraline: AE, adverse drug reaction

sertraline: CB, drug combination

sertraline: DT, drug therapy

finasteride: CB, drug combination

digoxin: CB, drug combination

glyceryl trinitrate: CB, drug combination

acetylsalicylic acid: CB, drug combination

multivitamin: CB, drug combination

calcium carbonate: CB, drug combination

celecoxib: CB, drug combination

diltiazem: CB, drug combination

atenolol: CB, drug combination

lisinopril: CB, drug combination

famotidine: CB, drug combination

spironolactone: CB, drug combination

torasemide: CB, drug combination

potassium chloride: CB, drug combination

alpha tocopherol: CB, drug combination

ferrous sulfate: CB, drug combination

bisacodyl: CB, drug combination

cyanocobalamin: CB, drug combination

lorazepam: CB, drug combination

nifedipine: CB, drug combination

hydrochlorothiazide: CB, drug combination

triamterene: CB, drug combination

amlodipine: CB, drug combination

unindexed drug

## CAS REGISTRY NO.:

(trazodone) 19794-93-5, 25332-39-2; (venlafaxine)

93413-69-5; (donepezil) 120011-70-3, 120014-06-4,

142057-77-0; (quetiapine) 111974-72-2; (sertraline)

79617-96-2; (finasteride) 98319-26-7; (digoxin) 20830-75-5,

57285-89-9; (glyceryl trinitrate) 55-63-0; (acetylsalicylic

acid) 493-53-8, 50-78-2, 53663-74-4, 53664-49-6,  
63781-77-1; (calcium carbonate) 13397-26-7, 13701-58-1,  
14791-73-2, 471-34-1; (celecoxib) 169590-42-5; (diltiazem)  
33286-22-5, 42399-41-7; (atenolol) 29122-68-7; (lisinopril)  
76547-98-3, 83915-83-7; (famotidine) 76824-35-6;  
(spironolactone) 52-01-7; (torasemide) 56211-40-6;  
(potassium chloride) 7447-40-7; (alpha tocopherol)  
1406-18-4, 1406-70-8, 52225-20-4, 58-95-7, 59-02-9;  
(ferrous sulfate) 10028-21-4, 10124-49-9, 13463-43-9,  
7720-78-7, 7782-63-0; (bisacodyl) 603-50-9;  
(cyanocobalamin) 53570-76-6, 68-19-9, 8064-09-3;  
(lorazepam) 846-49-1; (nifedipine) 21829-25-4;  
(hydrochlorothiazide) 58-93-5; (triamterene) 396-01-0;  
(amlodipine) 88150-42-9

CHEMICAL NAME: Aspirin

L188 ANSWER 12 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.

ACCESSION NUMBER: 2002444378 EMBASE

TITLE: Olanzapine and improvement of tardive dyskinesia.

AUTHOR: Kucerova H.

CORPORATE SOURCE: H. Kucerova, Hromuvka 1519, 753 01 Hranice na Morave, Czech Republic

SOURCE: European Psychiatry, (2002) 17/7 (421-424).

Refs: 3

ISSN: 0924-9338 CODEN: EUPSED

COUNTRY: France

DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 008 Neurology and Neurosurgery  
032 Psychiatry  
037 Drug Literature Index

LANGUAGE: English

CONTROLLED TERM: Medical Descriptors:

**\*tardive dyskinesia: DT, drug therapy**

disease course

clinical feature

treatment outcome

follow up

mental hospital

bipolar disorder: DI, diagnosis

bipolar disorder: DT, drug therapy

hospitalization

depression: DT, drug therapy

mania: DT, drug therapy

sleep disorder: DT, drug therapy

human

male

female

case report

aged

adult

article

priority journal

Drug Descriptors:

**\*olanzapine: DT, drug therapy**

dosulepin: CB, drug combination

dosulepin: DT, drug therapy

clomipramine: CB, drug combination

clomipramine: DT, drug therapy

maprotiline: CB, drug combination

maprotiline: DT, drug therapy

amitriptyline: CB, drug combination

amitriptyline: DT, drug therapy

**viloxazine: CB, drug combination**  
viloxazine: DT, drug therapy  
dibenzepin: CB, drug combination  
dibenzepin: DT, drug therapy  
fluoxetine: CB, drug combination  
fluoxetine: DT, drug therapy  
citalopram: CB, drug combination  
citalopram: DT, drug therapy  
imipramine: CB, drug combination  
imipramine: DT, drug therapy  
sertraline: CB, drug combination  
sertraline: DT, drug therapy  
mianserin: CB, drug combination  
mianserin: DT, drug therapy  
**levomepromazine: CB, drug combination**  
levomepromazine: DT, drug therapy  
**fluphenazine: CB, drug combination**  
fluphenazine: DT, drug therapy  
decanoic acid: CB, drug combination  
decanoic acid: DT, drug therapy  
**thioridazine: CB, drug combination**  
thioridazine: DT, drug therapy  
**chlorprothixene: CB, drug combination**  
chlorprothixene: DT, drug therapy  
**chlorpromazine: CB, drug combination**  
chlorpromazine: DT, drug therapy  
**haloperidol: CB, drug combination**  
haloperidol: DT, drug therapy  
**risperidone: CB, drug combination**  
risperidone: DT, drug therapy  
**sulpiride: CB, drug combination**  
sulpiride: DT, drug therapy  
anxiolytic agent: CB, drug combination  
anxiolytic agent: DT, drug therapy  
lithium: CB, drug combination  
lithium: DT, drug therapy  
carbamazepine: CB, drug combination  
carbamazepine: DT, drug therapy  
perphenazine: DT, drug therapy  
oxyprothepine: DT, drug therapy  
clorotepine: DT, drug therapy  
(olanzapine) 132539-06-1; (dosulepin) 113-53-1, 897-15-4;  
(clomipramine) 17321-77-6, 303-49-1; (maprotiline)  
10262-69-8, 10347-81-6; (amitriptyline) 50-48-6, 549-18-8;  
(viloxazine) 35604-67-2, 46817-91-8; (dibenzepin) 315-80-0,  
4498-32-2; (fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4;  
(citalopram) 59729-33-8; (imipramine) 113-52-0, 50-49-7;  
(sertraline) 79617-96-2; (mianserin) 21535-47-7,  
24219-97-4; (levomepromazine) 1236-99-3, 60-99-1,  
7104-38-3; (fluphenazine) 146-56-5, 69-23-8; (decanoic  
acid) 334-48-5, 3398-75-2; (thioridazine) 130-61-0,  
50-52-2; (chlorprothixene) 113-59-7, 6469-93-8;  
(chlorpromazine) 50-53-3, 69-09-0; (haloperidol) 52-86-8;  
(risperidone) 106266-06-2; (sulpiride) 15676-16-1;  
(lithium) 7439-93-2; (carbamazepine) 298-46-4, 8047-84-5;  
(perphenazine) 58-39-9; (oxyprothepine) 29604-16-8;  
(clorotepine) 13448-22-1

## CAS REGISTRY NO.:

L188 ANSWER 13 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.  
ACCESSION NUMBER: 2002438108 EMBASE  
TITLE: Collegium Internationale Neuro-Psychopharmacologicum  
(C.I.N.P.) XXIIIrd Congress. Montreal, Canada, 23-27 June  
2002.



AUTHOR: Pivac N.; Muck-Seler D.  
CORPORATE SOURCE: Dr. N. Pivac, Rudjer Boskovic Institute, POBox 180,  
HR-10002 Zagreb, Croatia. npivac@rudjer.irb.hr  
SOURCE: Psychiatria Danubina, (2002) 14/3-4 (231-242).  
ISSN: 0353-5053 CODEN: PSYDEI  
COUNTRY: Croatia  
DOCUMENT TYPE: Journal; Conference Article  
FILE SEGMENT: 008 Neurology and Neurosurgery  
030 Pharmacology  
032 Psychiatry  
037 Drug Literature Index  
038 Adverse Reactions Titles  
LANGUAGE: English  
CONTROLLED TERM: Medical Descriptors:  
\*psychopharmacology  
\*mental disease: DT, drug therapy  
neurobiology  
depression: DT, drug therapy  
apathy  
schizophrenia  
posttraumatic stress disorder: DT, drug therapy  
panic  
attention deficit disorder  
alcoholism  
Alzheimer disease: DT, drug therapy  
bipolar disorder: DT, drug therapy  
eating disorder: DT, drug therapy  
suicide  
smoking habit  
lipid blood level  
glucose blood level  
cardiovascular effect  
drug mechanism  
headache: SI, side effect  
nausea: SI, side effect.  
somnolence: SI, side effect  
weight reduction  
side effect: SI, side effect  
backache: SI, side effect  
insomnia: SI, side effect  
diarrhea: SI, side effect  
fatigue: SI, side effect  
human  
controlled study  
conference paper  
Drug Descriptors:  
\*neuroleptic agent: AE, adverse drug reaction  
\*neuroleptic agent: CB, drug combination  
\*neuroleptic agent: DT, drug therapy  
\*neuroleptic agent: PD, pharmacology  
antidepressant agent: AE, adverse drug reaction  
antidepressant agent: CB, drug combination  
antidepressant agent: DT, drug therapy  
antidepressant agent: PD, pharmacology  
serotonin uptake inhibitor: AE, adverse drug reaction  
serotonin uptake inhibitor: CB, drug combination  
serotonin uptake inhibitor: DT, drug therapy  
serotonin uptake inhibitor: PD, pharmacology  
atypical antipsychotic agent: CB, drug combination  
atypical antipsychotic agent: DT, drug therapy  
olanzapine: CB, drug combination  
olanzapine: DT, drug therapy

corticotropin releasing factor antagonist: DT, drug therapy  
**venlafaxine: CB, drug combination**  
venlafaxine: DT, drug therapy  
venlafaxine: PD, pharmacology  
duloxetine: DT, drug therapy  
duloxetine: PD, pharmacology  
milnacipran: DT, drug therapy  
milnacipran: PD, pharmacology  
serotonin: EC, endogenous compound  
noradrenalin: EC, endogenous compound  
trazodone: DT, drug therapy  
trazodone: PD, pharmacology  
nefazodone: DT, drug therapy  
nefazodone: PD, pharmacology  
reboxetine: DT, drug therapy  
reboxetine: PD, pharmacology  
amfebutamone: CB, drug combination  
amfebutamone: DT, drug therapy  
amfebutamone: PD, pharmacology  
monoamine oxidase inhibitor: DT, drug therapy  
monoamine oxidase inhibitor: PD, pharmacology  
mirtazapine: CB, drug combination  
mirtazapine: DT, drug therapy  
mirtazapine: PD, pharmacology  
lithium: DT, drug therapy  
lithium: PD, pharmacology  
valproic acid: DT, drug therapy  
valproic acid: PD, pharmacology  
carbamazepine: DT, drug therapy  
topiramate: AE, adverse drug reaction  
topiramate: CB, drug combination  
topiramate: DT, drug therapy  
risperidone: AE, adverse drug reaction  
**risperidone: CB, drug combination**  
risperidone: DT, drug therapy  
risperidone: PD, pharmacology  
escitalopram: AE, adverse drug reaction  
escitalopram: DT, drug therapy  
escitalopram: PD, pharmacology  
citalopram: DT, drug therapy  
citalopram: PD, pharmacology  
substance P antagonist: DT, drug therapy  
substance P antagonist: PD, pharmacology  
3 [3,5 bis(trifluoromethyl)benzyloxy] 2 phenylpiperidine:  
PD, pharmacology  
vofopitant: PD, pharmacology  
fluoxetine: DT, drug therapy  
cholinesterase inhibitor: DT, drug therapy  
cholinesterase inhibitor: PD, pharmacology  
unindexed drug  
CAS REGISTRY NO.: (olanzapine) 132539-06-1; (venlafaxine) 93413-69-5;  
(duloxetine) 116539-59-4, 136434-34-9; (milnacipran)  
101152-94-7, 86181-08-0, 92623-85-3; (serotonin) 50-67-9;  
(noradrenalin) 1407-84-7, 51-41-2; (trazodone) 19794-93-5,  
25332-39-2; (nefazodone) 82752-99-6, 83366-66-9;  
(reboxetine) 98769-81-4, 98769-84-7; (amfebutamone)  
31677-93-7, 34911-55-2; (mirtazapine) 61337-67-5; (lithium)  
7439-93-2; (valproic acid) 1069-66-5, 99-66-1;  
(carbamazepine) 298-46-4, 8047-84-5; (topiramate)  
97240-79-4; (risperidone) 106266-06-2; (escitalopram)  
128196-01-0, 219861-08-2; (citalopram) 59729-33-8; (3 [3,5  
bis(trifluoromethyl)benzyloxy] 2 phenylpiperidine)  
148700-85-0; (vofopitant) 168266-51-1, 168266-90-8;

(fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4

L188 ANSWER 14 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.

ACCESSION NUMBER: 2002078832 EMBASE

TITLE: What role do atypical antipsychotic drugs have in treatment-resistant depression?.

AUTHOR: Thase M.E.

CORPORATE SOURCE: Dr. M.E. Thase, Western Psychiat. Inst. and Clinic, 3811 O'Hara St., Pittsburgh, PA 15213-2593, United States. thaseme@msx.upmc.edu

SOURCE: Journal of Clinical Psychiatry, (2002) 63/2 (95-103). Refs: 84

ISSN: 0160-6689 CODEN: JCLPDE

COUNTRY: United States

DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 030 Pharmacology  
032 Psychiatry  
037 Drug Literature Index  
038 Adverse Reactions Titles

LANGUAGE: English

SUMMARY LANGUAGE: English

ABSTRACT:

Despite significant advances in the treatment of depression, many patients fail to respond to treatment with adequate dose and duration. Multiple therapeutic approaches are available for the treatment of patients not responding to standard antidepressant medication. These include switching medication or combination and augmentation strategies. A substantial number of patients do not respond to multiple treatment trials. These patients suffer from treatment-resistant depression (TRD) and represent a challenge to the treating physician. There have been a growing number of reports on the use of atypical antipsychotics as augmenting agents in nonpsychotic TRD. Second-generation antipsychotics are less likely to provoke parkinsonian side effects. It has also been reported that these agents produce lower rates of tardive movement disorders than traditional neuroleptics. Furthermore, second-generation antipsychotics are serotonin-2A/2C antagonists, possibly allowing them to improve the efficacy and some aspects of the side effect profile of selective serotonin reuptake inhibitors (SSRIs). Weight gain and sedation are likely to be the most common adverse events of such combined therapy. In a recent controlled clinical trial, the atypical antipsychotic olanzapine was combined with fluoxetine therapy in an 8-week, double-blind clinical trial in patients with TRD. This combination drug therapy demonstrated clinical efficacy on several rating scales and showed rapid onset of action. Although more studies will be required to confirm and extend these findings, the results suggest that there may be a clinical benefit to combining atypical antipsychotics with SSRIs in nonpsychotic TRD.

CONTROLLED TERM: Medical Descriptors:  
\*therapy resistance  
\*depression: DR, drug resistance  
\*depression: DT, drug therapy  
\*psychosis: DR, drug resistance  
\*psychosis: DT, drug therapy  
dose response  
disease duration  
parkinsonism: SI, side effect  
tardive dyskinesia: SI, side effect  
serotonin release  
drug potentiation  
drug efficacy  
weight gain  
sedation  
rating scale  
combination chemotherapy

patient compliance  
motor dysfunction: SI, side effect  
diarrhea: SI, side effect  
nausea: SI, side effect  
extrapyramidal symptom: SI, side effect  
hyperprolactinemia: SI, side effect  
fatigue: SI, side effect  
polydipsia: SI, side effect  
polyuria: SI, side effect  
drowsiness: SI, side effect  
sexual dysfunction: SI, side effect  
sleep disorder: SI, side effect  
anxiety  
somnolence: SI, side effect  
human  
major clinical study  
clinical trial  
double blind procedure  
article  
priority journal  
Drug Descriptors:  
\*antidepressant agent: AE, adverse drug reaction  
\*antidepressant agent: CB, drug combination  
\*antidepressant agent: DT, drug therapy  
\*serotonin 2A antagonist: AE, adverse drug reaction  
\*serotonin 2A antagonist: CB, drug combination  
\*serotonin 2A antagonist: DT, drug therapy  
\*serotonin 2C antagonist: AE, adverse drug reaction  
\*serotonin 2C antagonist: CB, drug combination  
\*serotonin 2C antagonist: DT, drug therapy  
\*serotonin uptake inhibitor: AE, adverse drug reaction  
\*serotonin uptake inhibitor: CB, drug combination  
\*serotonin uptake inhibitor: DT, drug therapy  
\*olanzapine: AE, adverse drug reaction  
\*olanzapine: CT, clinical trial  
\*olanzapine: CB, drug combination  
\*olanzapine: DT, drug therapy  
\*fluoxetine: AE, adverse drug reaction  
\*fluoxetine: CT, clinical trial  
\*fluoxetine: CB, drug combination  
\*fluoxetine: DT, drug therapy  
lithium: AE, adverse drug reaction  
lithium: CB, drug combination  
lithium: DT, drug therapy  
thyroid hormone: AE, adverse drug reaction  
thyroid hormone: CB, drug combination  
thyroid hormone: DT, drug therapy  
dopamine receptor stimulating agent: AE, adverse drug reaction  
dopamine receptor stimulating agent: CB, drug combination  
dopamine receptor stimulating agent: DT, drug therapy  
tricyclic antidepressant agent: AE, adverse drug reaction  
tricyclic antidepressant agent: CB, drug combination  
tricyclic antidepressant agent: DT, drug therapy  
desipramine: AE, adverse drug reaction  
desipramine: CT, clinical trial  
desipramine: CB, drug combination  
desipramine: DT, drug therapy  
buspirone: AE, adverse drug reaction  
buspirone: CB, drug combination  
buspirone: DT, drug therapy  
pramipexole: AE, adverse drug reaction  
pramipexole: CB, drug combination

pramipexole: DT, drug therapy  
bromocriptine: AE, adverse drug reaction  
bromocriptine: CB, drug combination  
bromocriptine: DT, drug therapy  
clozapine: AE, adverse drug reaction  
**clozapine: CB, drug combination**  
clozapine: DT, drug therapy  
haloperidol: AE, adverse drug reaction  
**haloperidol: CB, drug combination**  
haloperidol: DT, drug therapy  
serotonin: EC, endogenous compound  
noradrenalin: EC, endogenous compound  
dopamine: EC, endogenous compound  
quetiapine: AE, adverse drug reaction  
**quetiapine: CB, drug combination**  
quetiapine: DT, drug therapy  
amfebutamone: AE, adverse drug reaction  
amfebutamone: CB, drug combination  
amfebutamone: DT, drug therapy  
chlorpromazine: AE, adverse drug reaction  
**chlorpromazine: CB, drug combination**  
chlorpromazine: DT, drug therapy  
liothyronine: AE, adverse drug reaction  
liothyronine: CB, drug combination  
liothyronine: DT, drug therapy  
nefazodone: AE, adverse drug reaction  
nefazodone: CB, drug combination  
nefazodone: DT, drug therapy  
perphenazine: AE, adverse drug reaction  
**perphenazine: CB, drug combination**  
perphenazine: DT, drug therapy  
tranlycypromine: AE, adverse drug reaction  
tranlycypromine: CB, drug combination  
tranlycypromine: DT, drug therapy  
venlafaxine: AE, adverse drug reaction  
**venlafaxine: CB, drug combination**  
venlafaxine: DT, drug therapy  
liothyronine sodium  
mirtazapine  
risperidone

CAS REGISTRY NO.: (olanzapine) 132539-06-1; (fluoxetine) 54910-89-3,  
56296-78-7, 59333-67-4; (lithium) 7439-93-2; (desipramine)  
50-47-5, 58-28-6; (buspirone) 33386-08-2, 36505-84-7;  
(pramipexole) 104632-26-0; (bromocriptine) 25614-03-3;  
(clozapine) 5786-21-0; (haloperidol) 52-86-8; (serotonin)  
50-67-9; (noradrenalin) 1407-84-7, 51-41-2; (dopamine)  
51-61-6, 62-31-7; (quetiapine) 111974-72-2; (amfebutamone)  
31677-93-7, 34911-55-2; (chlorpromazine) 50-53-3, 69-09-0;  
(liothyronine) 6138-47-2, 6893-02-3; (nefazodone)  
82752-99-6, 83366-66-9; (perphenazine) 58-39-9;  
(tranlycypromine) 13492-01-8, 155-09-9, 54-97-7;  
(venlafaxine) 93413-69-5; (liothyronine sodium) 55-06-1;  
(mirtazapine) 61337-67-5; (risperidone) 106266-06-2

CHEMICAL NAME: Wellbutrin; Thorazine; Clozaril; Norpramin; Prozac; Haldol;  
Cytomel; Triostat; Remeron; Serzone; Zyprexa; Trilafon;  
Mirapex; Seroquel; Risperdal; Parnate; Effexor

L188 ANSWER 15 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.

ACCESSION NUMBER: 2002419587 EMBASE

TITLE: Depression in elderly people.

AUTHOR: Hewitt J.A.

CORPORATE SOURCE: Dr. J.A. Hewitt, Department of Old Age Psychiatry, Kings  
Park Hospital, Gloucester Road, Bournemouth BH7 6JE, United

SOURCE: Kingdom  
CME Journal Geriatric Medicine, (2002) 4/1 (28-33).  
Refs: 36  
ISSN: 1367-8914 CODEN: CJGMAH  
COUNTRY: United Kingdom  
DOCUMENT TYPE: Journal; General Review  
FILE SEGMENT: 032 Psychiatry  
020 Gerontology and Geriatrics  
038 Adverse Reactions Titles  
030 Pharmacology  
036 Health Policy, Economics and Management  
017 Public Health, Social Medicine and Epidemiology  
037 Drug Literature Index  
LANGUAGE: English  
SUMMARY LANGUAGE: English  
ABSTRACT:

Depression is a common illness afflicting elderly people living in the community. It is even more common amongst medical in-patients. The condition is easily missed, since it may often present in an atypical way. Failure to detect it may result in unnecessary investigations and a lengthy hospital stay. The condition may become chronic and lead to dependency, unnecessary suffering and an increased mortality rate. This article describes how depression may be diagnosed and treated.

CONTROLLED TERM: Medical Descriptors:  
\*depression: DI, diagnosis  
\*depression: EP, epidemiology  
\*depression: DM, disease management  
\*depression: TH, therapy  
\*depression: DT, drug therapy  
\*geriatric disorder: DI, diagnosis  
\*geriatric disorder: EP, epidemiology  
\*geriatric disorder: DM, disease management  
\*geriatric disorder: TH, therapy  
\*geriatric disorder: DT, drug therapy  
human  
clinical trial  
meta analysis  
aged  
community care  
geriatric patient  
clinical feature  
diagnostic accuracy  
hospitalization  
chronic disease  
mortality  
interview  
screening  
rating scale  
differential diagnosis  
prevalence  
suicide  
drug cost  
drug efficacy  
gastrointestinal disease: SI, side effect  
body weight disorder: SI, side effect  
anxiety disorder: SI, side effect  
headache: SI, side effect  
serotonin syndrome: SI, side effect  
restlessness: SI, side effect  
diaphoresis  
side effect: SI, side effect  
tremor: SI, side effect

shivering: SI, side effect  
**myoclonus: SI, side effect**  
confusion: SI, side effect  
**convulsion: SI, side effect**  
drug contraindication  
hyponatremia: SI, side effect  
**seizure: SI, side effect**  
systolic hypertension: SI, side effect  
sedation  
appetite disorder: SI, side effect  
sexual dysfunction: SI, side effect  
electroconvulsive therapy  
mental health care  
prognosis  
patient referral  
law  
review  
Drug Descriptors:  
neuroleptic agent: DT, drug therapy  
neuroleptic agent: PD, pharmacology  
neuroleptic agent: CT, clinical trial  
neuroleptic agent: PE, pharmacoeconomics  
**neuroleptic agent: CB, drug combination**  
neuroleptic agent: IT, drug interaction  
neuroleptic agent: AE, adverse drug reaction  
monoamine oxidase inhibitor: DT, drug therapy  
monoamine oxidase inhibitor: PD, pharmacology  
monoamine oxidase inhibitor: CB, drug combination  
monoamine oxidase inhibitor: IT, drug interaction  
monoamine oxidase inhibitor: AE, adverse drug reaction  
phenelzine: DT, drug therapy  
phenelzine: PD, pharmacology  
moclobemide: DT, drug therapy  
moclobemide: PD, pharmacology  
tricyclic antidepressant agent: DT, drug therapy  
tricyclic antidepressant agent: PD, pharmacology  
tricyclic antidepressant agent: PE, pharmacoeconomics  
tricyclic antidepressant agent: CB, drug combination  
tricyclic antidepressant agent: IT, drug interaction  
tricyclic antidepressant agent: AE, adverse drug reaction  
amitriptyline: DT, drug therapy  
amitriptyline: PD, pharmacology  
imipramine: DT, drug therapy  
imipramine: PD, pharmacology  
lofepramine: DT, drug therapy  
lofepramine: PD, pharmacology  
dosulepin: DT, drug therapy  
dosulepin: PD, pharmacology  
serotonin uptake inhibitor: DT, drug therapy  
serotonin uptake inhibitor: PD, pharmacology  
serotonin uptake inhibitor: CB, drug combination  
serotonin uptake inhibitor: IT, drug interaction  
serotonin uptake inhibitor: AE, adverse drug reaction  
fluoxetine: DT, drug therapy  
fluoxetine: PD, pharmacology  
fluoxetine: CB, drug combination  
fluoxetine: IT, drug interaction  
fluoxetine: AE, adverse drug reaction  
sertraline: DT, drug therapy  
sertraline: PD, pharmacology  
sertraline: AE, adverse drug reaction  
paroxetine: DT, drug therapy  
paroxetine: PD, pharmacology

paroxetine: CB, drug combination  
paroxetine: IT, drug interaction  
paroxetine: AE, adverse drug reaction  
citalopram: DT, drug therapy  
citalopram: PD, pharmacology  
noradrenalin uptake inhibitor: DT, drug therapy  
noradrenalin uptake inhibitor: PD, pharmacology  
**noradrenalin uptake inhibitor: CB, drug combination**  
noradrenalin uptake inhibitor: IT, drug interaction  
noradrenalin uptake inhibitor: AE, adverse drug reaction  
venlafaxine: DT, drug therapy  
venlafaxine: PD, pharmacology  
reboxetine: DT, drug therapy  
reboxetine: PD, pharmacology  
mirtazapine: DT, drug therapy  
mirtazapine: PD, pharmacology  
antiarrhythmic agent: DT, drug therapy  
antiarrhythmic agent: PD, pharmacology  
antiarrhythmic agent: CB, drug combination  
antiarrhythmic agent: IT, drug interaction  
beta adrenergic receptor blocking agent: DT, drug therapy  
beta adrenergic receptor blocking agent: PD, pharmacology  
beta adrenergic receptor blocking agent: CB, drug combination  
beta adrenergic receptor blocking agent: IT, drug interaction  
cytotoxic agent: DT, drug therapy  
cytotoxic agent: PD, pharmacology  
cytotoxic agent: CB, drug combination  
cytotoxic agent: IT, drug interaction  
calcium channel blocking agent: DT, drug therapy  
calcium channel blocking agent: PD, pharmacology  
calcium channel blocking agent: CB, drug combination  
calcium channel blocking agent: IT, drug interaction  
carbamazepine: DT, drug therapy  
carbamazepine: PD, pharmacology  
carbamazepine: CB, drug combination  
carbamazepine: IT, drug interaction  
phenytoin: DT, drug therapy  
phenytoin: PD, pharmacology  
phenytoin: CB, drug combination  
phenytoin: IT, drug interaction  
warfarin: DT, drug therapy  
warfarin: PD, pharmacology  
warfarin: CB, drug combination  
warfarin: IT, drug interaction  
clomipramine: DT, drug therapy  
clomipramine: PD, pharmacology  
clomipramine: CM, drug comparison  
clomipramine: AE, adverse drug reaction  
(phenelzine) 156-51-4, 51-71-8; (moclobemide) 71320-77-9;  
(amitriptyline) 50-48-6, 549-18-8; (imipramine) 113-52-0,  
50-49-7; (lofepramine) 23047-25-8, 26786-32-3; (dosulepin)  
113-53-1, 897-15-4; (fluoxetine) 54910-89-3, 56296-78-7,  
59333-67-4; (sertraline) 79617-96-2; (paroxetine)  
61869-08-7; (citalopram) 59729-33-8; (venlafaxine)  
93413-69-5; (reboxetine) 98769-81-4, 98769-84-7;  
(mirtazapine) 61337-67-5; (carbamazepine) 298-46-4,  
8047-84-5; (phenytoin) 57-41-0, 630-93-3; (warfarin)  
129-06-6, 2610-86-8, 3324-63-8, 5543-58-8, 81-81-2;  
(clomipramine) 17321-77-6, 303-49-1

CAS REGISTRY NO.:  
(phenelzine) 156-51-4, 51-71-8; (moclobemide) 71320-77-9;  
(amitriptyline) 50-48-6, 549-18-8; (imipramine) 113-52-0,  
50-49-7; (lofepramine) 23047-25-8, 26786-32-3; (dosulepin)  
113-53-1, 897-15-4; (fluoxetine) 54910-89-3, 56296-78-7,  
59333-67-4; (sertraline) 79617-96-2; (paroxetine)  
61869-08-7; (citalopram) 59729-33-8; (venlafaxine)  
93413-69-5; (reboxetine) 98769-81-4, 98769-84-7;  
(mirtazapine) 61337-67-5; (carbamazepine) 298-46-4,  
8047-84-5; (phenytoin) 57-41-0, 630-93-3; (warfarin)  
129-06-6, 2610-86-8, 3324-63-8, 5543-58-8, 81-81-2;  
(clomipramine) 17321-77-6, 303-49-1



ACCESSION NUMBER: 2001421206 EMBASE  
TITLE: Risperidone safety and efficacy in the treatment of bipolar and schizoaffective disorders: Results from a 6-month, multicenter, open study.  
AUTHOR: Vieta E.; Goikolea J.M.; Corbella B.; Benabarre A.; Reinares M.; Martinez G.; Fernandez A.; Colom F.; Martinez-Aran A.; Torrent C.  
CORPORATE SOURCE: Dr. E. Vieta, University of Barcelona, Department of Psychiatry, Hospital Clinic, Villarroel 170, Barcelona 08036, Spain. EVIETA@clinic.ub.es  
SOURCE: Journal of Clinical Psychiatry, (2001) 62/10 (818-825).  
Refs: 50  
ISSN: 0160-6689 CODEN: JCLPDE  
COUNTRY: United States  
DOCUMENT TYPE: Journal; Article  
FILE SEGMENT: 032 Psychiatry  
037 Drug Literature Index  
038 Adverse Reactions Titles  
LANGUAGE: English  
SUMMARY LANGUAGE: English  
ABSTRACT:

Background: The goal of this study was to assess the efficacy and safety of risperidone in bipolar and schizoaffective disorders. Method: 541 patients entered this open, multicenter, 6-month study. Patients were entered provided that they fulfilled DSM-IV criteria for bipolar disorder or schizoaffective disorder, bipolar type, during a manic, hypomanic, mixed, or depressive episode. Risperidone was added to any previous mood-stabilizing medication that the patients were taking. Efficacy was assessed with the Young Mania Rating Scale (YMRS), the Hamilton Rating Scale for Depression (HAM-D), the Positive and Negative Syndrome Scale (PANSS), and the Clinical Global Impressions scale (CGI). Extrapyramidal symptoms (EPS) were assessed using the UKU Side Effect Rating Scale. Results: 430 patients completed the study. Addition of risperidone produced highly significant improvements ( $p < .0001$ ) on the YMRS and HAM-D at both 6 weeks and 6 months and on the CGI and the scales of the PANSS at both 4 weeks and 6 months. There was a significant reduction in UKU total and subscale scores at 6 months. The mean dose of risperidone was 3.9 mg/day. There was no single case of new-emergent tardive dyskinesia, and there was a very low incidence of exacerbation of mania within the first 6 weeks (2%). Adverse events were few and mostly mild, the most frequent being EPS and weight gain. Conclusion: This large study provides additional evidence that risperidone is effective and well tolerated when combined with mood stabilizers in the treatment of bipolar disorder and schizoaffective disorder, bipolar type. Previous concerns about exacerbation of manic symptoms were not confirmed.

CONTROLLED TERM: Medical Descriptors:  
\*manic depressive psychosis: DT, drug therapy  
\*schizoidism: DT, drug therapy  
drug efficacy  
drug safety  
treatment outcome  
follow up  
scoring system  
Hamilton scale  
negative syndrome  
extrapyramidal symptom: SI, side effect  
tardive dyskinesia: SI, side effect  
disease exacerbation: SI, side effect  
weight gain  
drowsiness: SI, side effect  
vertigo: SI, side effect  
impotence: SI, side effect  
hypotension: SI, side effect

vomiting: SI, side effect  
dysarthria: SI, side effect  
human  
male  
female  
major clinical study  
clinical trial  
multicenter study  
controlled study  
adult  
article  
priority journal  
Drug Descriptors:  
\*risperidone: AE, adverse drug reaction  
\*risperidone: CT, clinical trial  
\*risperidone: CB, drug combination  
\*risperidone: DO, drug dose  
\*risperidone: DT, drug therapy  
lithium: CT, clinical trial  
lithium: CB, drug combination  
lithium: DT, drug therapy  
carbamazepine: CT, clinical trial  
carbamazepine: CB, drug combination  
carbamazepine: DT, drug therapy  
valproic acid: CT, clinical trial  
valproic acid: CB, drug combination  
valproic acid: DT, drug therapy  
antidepressant agent: CT, clinical trial  
antidepressant agent: CB, drug combination  
antidepressant agent: DT, drug therapy  
venlafaxine: CT, clinical trial  
venlafaxine: CB, drug combination  
venlafaxine: DT, drug therapy  
haloperidol: CT, clinical trial  
haloperidol: CB, drug combination  
haloperidol: DT, drug therapy

CAS REGISTRY NO.: (risperidone) 106266-06-2; (lithium) 7439-93-2;  
(carbamazepine) 298-46-4, 8047-84-5; (valproic acid)  
1069-66-5, 99-66-1; (venlafaxine) 93413-69-5; (haloperidol)  
52-86-8

CHEMICAL NAME: Tegretol; Haldol; Risperdal; Effexor

L188 ANSWER 17 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.

ACCESSION NUMBER: 2000205182 EMBASE

TITLE: Neuroleptic malignant syndrome after venlafaxine (multiple letters).

CORPORATE SOURCE: E.M. Cassidy, Department of Psychiatry, Beaumont Hospital, Dublin 9

SOURCE: Lancet, (17 Jun 2000) 355/9221 (2164-2165).

Refs: 0

ISSN: 0140-6736 CODEN: LANCAO

COUNTRY: United Kingdom

DOCUMENT TYPE: Journal; Letter

FILE SEGMENT: 008 Neurology and Neurosurgery  
030 Pharmacology  
037 Drug Literature Index  
038 Adverse Reactions Titles

LANGUAGE: English

CONTROLLED TERM: Medical Descriptors:

\*neuroleptic malignant syndrome: DI, diagnosis

\*neuroleptic malignant syndrome: DT, drug therapy

\*neuroleptic malignant syndrome: ET, etiology

**\*neuroleptic malignant syndrome: SI, side effect**

clinical feature  
dopamine brain level  
drug overdose  
extrapyramidal symptom: SI, side effect

**hepatic encephalopathy: DT, drug therapy**

sensory dysfunction: DI, diagnosis  
sensory dysfunction: ET, etiology  
sensory dysfunction: SI, side effect  
serotonin brain level  
serotonin syndrome: DI, diagnosis  
serotonin syndrome: ET, etiology  
serotonin syndrome: SI, side effect  
serotonergic system

human

nonhuman

rat

controlled study

animal experiment

animal model

letter

priority journal

Drug Descriptors:

\*venlafaxine: AE, adverse drug reaction

**\*venlafaxine: CB, drug combination**

\*venlafaxine: CM, drug comparison

\*venlafaxine: DO, drug dose

\*venlafaxine: TO, drug toxicity

\*venlafaxine: PD, pharmacology

brain monoamine: EC, endogenous compound

dopamine receptor blocking agent: AE, adverse drug reaction

dopamine receptor blocking agent: CB, drug combination

dopamine receptor blocking agent: PD, pharmacology

dopamine receptor stimulating agent: DT, drug therapy

dopamine: EC, endogenous compound

muscle relaxant agent: DT, drug therapy

serotonin uptake inhibitor: AE, adverse drug reaction

serotonin uptake inhibitor: CB, drug combination

serotonin uptake inhibitor: CM, drug comparison

serotonin uptake inhibitor: DO, drug dose

serotonin uptake inhibitor: TO, drug toxicity

serotonin uptake inhibitor: PD, pharmacology

serotonin: EC, endogenous compound

trifluoperazine: AE, adverse drug reaction

**trifluoperazine: CB, drug combination**

trifluoperazine: PD, pharmacology

CAS REGISTRY NO.: (venlafaxine) 93413-69-5; (dopamine) 51-61-6, 62-31-7;  
(muscle relaxant agent) 9008-44-0; (serotonin) 50-67-9;  
(trifluoperazine) 117-89-5, 440-17-5

L188 ANSWER 18 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.

ACCESSION NUMBER: 2000416889 EMBASE

TITLE: Lethal combination of tramadol and multiple drugs affecting serotonin.

AUTHOR: Ripple M.G.; Pestaner J.P.; Levine B.S.; Smialek J.E.

CORPORATE SOURCE: Dr. J.E. Smialek, Off. Chf. Med. Examiner State of MD, 111  
Penn Street, Baltimore, MD 21201-1020, United States.  
OCMEMD@aol.com

SOURCE: American Journal of Forensic Medicine and Pathology, (2000)  
21/4 (370-374).

Refs: 13

ISSN: 0195-7910 CODEN: AJFPD2

COUNTRY: United States

DOCUMENT TYPE: Journal; Article  
FILE SEGMENT: 008 Neurology and Neurosurgery  
037 Drug Literature Index  
049 Forensic Science Abstracts  
050 Epilepsy  
052 Toxicology

LANGUAGE: English

SUMMARY LANGUAGE: English

ABSTRACT:

The death of a 36-year-old alcoholic man who died after developing seizure activity while being treated with tramadol, as well as with venlafaxine, trazodone, and quetiapine, all of which interact with the neurotransmitter serotonin, is reported. The decedent, who had a history of chronic back pain, alcoholism, depression, mild hypertensive cardiovascular disease, and gastritis, had just been discharged from the hospital after 4 days of alcohol detoxification treatment. During the admission, no withdrawal seizures were noted. The morning after discharge, a witness observed the decedent exhibiting seizure activity and then collapsing. An autopsy was performed approximately 6 hours after death, and the anatomic findings were consistent with seizure activity and collapse, which included biting injuries of the tongue and soft-tissue injuries of the face. Toxicologic analysis identified tramadol, venlafaxine, promethazine, and acetaminophen in the urine; tramadol (0.70 mg/L) and venlafaxine (0.30 mg/L) in the heart blood, and 0.10 mg of tramadol in 40 ml of submitted stomach contents. No metabolites, such as acetate, acetone, lactate, and pyruvate, were found in the specimens that would be characteristically found in a person with alcohol withdrawal syndrome. The threshold for seizures is lowered by tramadol. In addition, the risk for seizure is enhanced by the concomitant use of tramadol with selective serotonin reuptake inhibitors or neuroleptics, and its use in patients with a recognized risk for seizures, i.e., alcohol withdrawal. The cause of death in this individual was seizure activity complicating therapy for back pain, depression, and alcohol withdrawal syndrome. The data in Adverse Event Reporting System of the Food and Drug Administration from November 1, 1997 to September 8, 1999 was reviewed along with a MEDLINE search from 1966 to the present. This case appears to be the first reported death caused by seizure activity in a patient taking tramadol in combination with drugs that affect serotonin.

CONTROLLED TERM: Medical Descriptors:  
\*alcoholism  
\*seizure  
lethality  
anamnesis  
cause of death  
backache  
depression  
alcohol withdrawal  
autopsy  
human  
male  
case report  
adult  
article  
Drug Descriptors:  
\*tramadol: CB, drug combination  
\*tramadol: IT, drug interaction  
\*tramadol: TO, drug toxicity  
\*venlafaxine: CB, drug combination  
\*venlafaxine: IT, drug interaction  
\*venlafaxine: TO, drug toxicity  
\*quetiapine: CB, drug combination  
\*quetiapine: IT, drug interaction  
\*quetiapine: TO, drug toxicity  
\*promethazine: CB, drug combination

\*promethazine: IT, drug interaction  
\*promethazine: TO, drug toxicity  
\*paracetamol: CB, drug combination  
\*paracetamol: IT, drug interaction  
\*paracetamol: TO, drug toxicity  
serotonin: EC, endogenous compound  
serotonin uptake inhibitor: CB, drug combination  
serotonin uptake inhibitor: IT, drug interaction  
serotonin uptake inhibitor: TO, drug toxicity

**neuroleptic agent: CB, drug combination**

neuroleptic agent: IT, drug interaction  
neuroleptic agent: TO, drug toxicity

CAS REGISTRY NO.: (tramadol) 27203-92-5, 36282-47-0; (venlafaxine)  
93413-69-5; (quetiapine) 111974-72-2; (promethazine)  
58-33-3, 60-87-7; (paracetamol) 103-90-2; (serotonin)  
50-67-9

CHEMICAL NAME: (1) Ultram

COMPANY NAME: (1) Ortho Mcneil (United States)

L188 ANSWER 19 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.

ACCESSION NUMBER: 2000046153 EMBASE

TITLE: Neuroleptic malignant syndrome after venlafaxine.

AUTHOR: Nimmagadda S.R.; Ryan D.H.; Atkin S.L.

CORPORATE SOURCE: Dr. S.R. Nimmagadda, Acute Psychiatric Assessment Unit,  
Castle Hill Hospital, Millview Court, Hull, United Kingdom.  
seshagiri25@hotmail.com

SOURCE: Lancet, (22 Jan 2000) 355/9200 (289-290).

Refs: 5

ISSN: 0140-6736 CODEN: LANCAO

COUNTRY: United Kingdom

DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 006 Internal Medicine  
008 Neurology and Neurosurgery  
030 Pharmacology  
032 Psychiatry  
037 Drug Literature Index  
038 Adverse Reactions Titles

LANGUAGE: English

SUMMARY LANGUAGE: English

**ABSTRACT:**

A patient developed neuroleptic malignant syndrome after a single dose of venlafaxine with trifluoperazine treatment. A dopamine-inhibition effect induced by one dose of venlafaxine may have augmented dopamine-receptor inhibition by trifluoperazine.

CONTROLLED TERM: Medical Descriptors:

**\*neuroleptic malignant syndrome: DT, drug therapy**

**\*neuroleptic malignant syndrome: SI, side effect**

depression: DT, drug therapy

human

case report

male

adult

article

priority journal

Drug Descriptors:

\*venlafaxine: AE, adverse drug reaction

**\*venlafaxine: CB, drug combination**

\*venlafaxine: DO, drug dose

\*venlafaxine: IT, drug interaction

\*venlafaxine: DT, drug therapy

\*venlafaxine: PK, pharmacokinetics

bromocriptine: DO, drug dose

bromocriptine: DT, drug therapy  
dantrolene: DO, drug dose  
dantrolene: DT, drug therapy  
dopamine receptor: EC, endogenous compound  
dopamine: EC, endogenous compound

**trifluoperazine: CB, drug combination**

trifluoperazine: DO, drug dose  
trifluoperazine: IT, drug interaction  
trifluoperazine: DT, drug therapy  
trifluoperazine: PK, pharmacokinetics

CAS REGISTRY NO.: (venlafaxine) 93413-69-5; (bromocriptine) 25614-03-3;  
(dantrolene) 14663-23-1, 7261-97-4; (dopamine) 51-61-6,  
62-31-7; (trifluoperazine) 117-89-5, 440-17-5

L188 ANSWER 20 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.

ACCESSION NUMBER: 2000147762 EMBASE

TITLE: Clinical experience with quetiapine in elderly patients  
with psychotic disorders.

AUTHOR: Madhusoodanan S.; Brenner R.; Alcantra A.

CORPORATE SOURCE: Dr. S. Madhusoodanan, St. John's Episcopal Hospital, South  
Shore, 327 Beach 19th Street, Far Rockaway, NY 11691,  
United States

SOURCE: Journal of Geriatric Psychiatry and Neurology, (2000) 13/1  
(28-32).

Refs: 10

ISSN: 0891-9887 CODEN: JGPNEN

COUNTRY: Canada

DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 008 Neurology and Neurosurgery  
020 Gerontology and Geriatrics  
032 Psychiatry  
037 Drug Literature Index  
038 Adverse Reactions Titles

LANGUAGE: English

SUMMARY LANGUAGE: English

**ABSTRACT:**

Quetiapine fumarate is a recently marketed atypical antipsychotic medication proved to be effective in the treatment of schizophrenia and schizoaffective disorder in the younger population. There is a paucity of studies of this drug in the elderly and more data are needed on the effects of quetiapine in this population, especially those with comorbid medical illnesses. Quetiapine was used to treat seven elderly hospitalized patients between 61 and 72 years of age who manifested signs of psychosis related to schizophrenia, schizoaffective disorder, or bipolar disorder. All patients had been treated previously with conventional antipsychotics or other atypical antipsychotics. Response was assessed by observation of patient's behavior. Four patients responded to treatment; three did not respond. Positive symptoms decreased markedly in all four responders. Negative symptoms showed marked decrease in two patients and moderate decrease in one patient. Preexisting extrapyramidal symptoms (EPS) diminished in three patients. Transient hypotension, dizziness, and somnolence occurred in two patients. No other side effects were noted. No adverse consequences occurred when lithium, carbamazepine, valproic acid, or venlafaxine was given concurrently. The reduction of positive and negative symptoms of schizophrenia and lack of significant EPS and minimal sedative, hypotensive, and anticholinergic side effects indicate that quetiapine may be a safe and effective medication for the elderly.

CONTROLLED TERM: Medical Descriptors:

\*aged

\*psychosis: DT, drug therapy

**extrapyramidal syndrome: DT, drug therapy**

hypotension: SI, side effect

manic depressive psychosis: DT, drug therapy

negative syndrome: DT, drug therapy  
schizophrenia: DT, drug therapy  
somnolence: SI, side effect  
vertigo: SI, side effect  
human  
clinical article  
clinical trial  
male  
female  
adult  
article  
priority journal  
Drug Descriptors:  
\*quetiapine: AE, adverse drug reaction  
\*quetiapine: CT, clinical trial  
\*quetiapine: CB, drug combination  
\*quetiapine: DT, drug therapy  
\*quetiapine: PO, oral drug administration  
carbamazepine: AE, adverse drug reaction  
carbamazepine: CB, drug combination  
lithium: AE, adverse drug reaction  
lithium: CB, drug combination  
valproic acid: AE, adverse drug reaction  
valproic acid: CB, drug combination  
venlafaxine: AE, adverse drug reaction  
venlafaxine: CB, drug combination

CAS REGISTRY NO.: (quetiapine) 111974-72-2; (carbamazepine) 298-46-4,  
8047-84-5; (lithium) 7439-93-2; (valproic acid) 1069-66-5,  
99-66-1; (venlafaxine) 93413-69-5

L188 ANSWER 21 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.

ACCESSION NUMBER: 1998034926 EMBASE

TITLE: [Pharmacokinetic and pharmacodynamic interactions among  
antidepressant drugs].  
INTERACCIONES FARMACOCINETICAS Y FARMACODINAMICAS ENTRE  
FARMACOS ANTIDEPRESIVOS.

AUTHOR: Echandia E.L.R.

CORPORATE SOURCE: E.L.R. Echandia, Catedra de Farmacologia, Facultad de  
Ciencias Medicas, Universidad Nacional de Cuyo, Mendoza,  
Argentina

SOURCE: Prensa Medica Argentina, (1997) 84/9 (917-922).

Refs: 17

ISSN: 0032-745X CODEN: PMARAU

COUNTRY: Argentina

DOCUMENT TYPE: Journal; General Review

FILE SEGMENT: 020 Gerontology and Geriatrics  
030 Pharmacology  
032 Psychiatry  
037 Drug Literature Index

LANGUAGE: Spanish

SUMMARY LANGUAGE: English; Spanish

ABSTRACT:

The well known anticholinergic effects of tricyclic antidepressants (TCAs) and the risk of interactions of the irreversible MAOIs limit their usefulness in the treatment of depression. Moreover, they are cardiotoxic and may cause mortality in overdose, they may interact with drugs having MAOI activity, such as Isoniacid, or NA uptake blocking drugs, such as cocaine. The use of vasoconstrictors is contraindicated in patients medicated with TCAs and MAOIs antidepressants and care should be exercised in the use of first generation antidepressants in the elderly, since they are more likely than young patients to be treated for multiple illnesses. The SSRI (serotonin uptake inhibitors) class of antidepressants may be a good choice for the treatment of elderly depressed patients, as well as patients with cardiovascular and cerebrovascular

diseases. Though they have a broad spectrum interactions with other psychotropic drugs the SSRIs have little or no effect on cardiac conduction and do not cause orthostatic hypotension. It must be noticed, however, that Fluoxetine, nor Fluoxetine and Paroxetine are potent inhibitors of the isoenzyme P 450 IID6 whereas Sertraline has much weaker inhibitory effects on this isoenzyme. Inhibition of P 450 can cause dangerous increases in plasma levels of TCAs, neuroleptics, Carbamazepine and other psychotropic drugs. Thus Sertraline may offer potential advantages over other SSRIs in elderly patients. Antidepressant drugs acting selectively on NA synapses, such as Mianserine, or DA synapses, such as Amineptine, may cause more adverse interactions than SSRIs drugs.

## CONTROLLED TERM:

## Medical Descriptors:

- \*depression: DT, drug therapy
- \*psychopharmacotherapy
- mental disease: DT, drug therapy
- cardiovascular disease
- cerebrovascular disease**
- geriatric patient
- drug effect
- human
- aged
- review

## Drug Descriptors:

- \*antidepressant agent: CB, drug combination
- \*antidepressant agent: CR, drug concentration
- \*antidepressant agent: IT, drug interaction
- \*antidepressant agent: DT, drug therapy
- \*antidepressant agent: PK, pharmacokinetics
- \*antidepressant agent: PD, pharmacology
- \*serotonin uptake inhibitor: CB, drug combination
- \*serotonin uptake inhibitor: CR, drug concentration
- \*serotonin uptake inhibitor: IT, drug interaction
- \*serotonin uptake inhibitor: DT, drug therapy
- \*serotonin uptake inhibitor: PK, pharmacokinetics
- \*serotonin uptake inhibitor: PD, pharmacology
- \*fluoxetine: CB, drug combination
- \*fluoxetine: CR, drug concentration
- \*fluoxetine: IT, drug interaction
- \*fluoxetine: DT, drug therapy
- \*fluoxetine: PK, pharmacokinetics
- \*fluoxetine: PD, pharmacology
- \*paroxetine: CB, drug combination
- \*paroxetine: CR, drug concentration
- \*paroxetine: IT, drug interaction
- \*paroxetine: DT, drug therapy
- \*paroxetine: PK, pharmacokinetics
- \*paroxetine: PD, pharmacology
- \*mianserin: CB, drug combination
- \*mianserin: CR, drug concentration
- \*mianserin: IT, drug interaction
- \*mianserin: DT, drug therapy
- \*mianserin: PK, pharmacokinetics
- \*mianserin: PD, pharmacology
- \*amineptine: CB, drug combination
- \*amineptine: CR, drug concentration
- \*amineptine: IT, drug interaction
- \*amineptine: DT, drug therapy
- \*amineptine: PK, pharmacokinetics
- \*amineptine: PD, pharmacology
- tricyclic antidepressant agent: CB, drug combination
- tricyclic antidepressant agent: CR, drug concentration
- tricyclic antidepressant agent: IT, drug interaction



tricyclic antidepressant agent: DT, drug therapy  
tricyclic antidepressant agent: PK, pharmacokinetics  
tricyclic antidepressant agent: PD, pharmacology

**neuroleptic agent: CB, drug combination**

neuroleptic agent: CR, drug concentration  
neuroleptic agent: IT, drug interaction  
neuroleptic agent: DT, drug therapy  
neuroleptic agent: PK, pharmacokinetics  
neuroleptic agent: PD, pharmacology  
psychotropic agent: CB, drug combination  
psychotropic agent: CR, drug concentration  
psychotropic agent: IT, drug interaction  
psychotropic agent: DT, drug therapy  
psychotropic agent: PK, pharmacokinetics  
psychotropic agent: PD, pharmacology  
amitriptyline: CB, drug combination  
amitriptyline: CR, drug concentration  
amitriptyline: IT, drug interaction  
amitriptyline: DT, drug therapy  
amitriptyline: PK, pharmacokinetics  
amitriptyline: PD, pharmacology  
desipramine: CB, drug combination  
desipramine: CR, drug concentration  
desipramine: IT, drug interaction  
desipramine: DT, drug therapy  
desipramine: PK, pharmacokinetics  
desipramine: PD, pharmacology

**nomifensine: CB, drug combination**

nomifensine: CR, drug concentration  
nomifensine: IT, drug interaction  
nomifensine: DT, drug therapy  
nomifensine: PK, pharmacokinetics  
nomifensine: PD, pharmacology  
citalopram: CB, drug combination  
citalopram: CR, drug concentration  
citalopram: IT, drug interaction  
citalopram: DT, drug therapy  
citalopram: PK, pharmacokinetics  
citalopram: PD, pharmacology  
methylphenidate: CB, drug combination  
methylphenidate: CR, drug concentration  
methylphenidate: IT, drug interaction  
methylphenidate: DT, drug therapy  
methylphenidate: PK, pharmacokinetics  
methylphenidate: PD, pharmacology  
tianepetine: CB, drug combination  
tianepetine: CR, drug concentration  
tianepetine: IT, drug interaction  
tianepetine: DT, drug therapy  
tianepetine: PK, pharmacokinetics  
tianepetine: PD, pharmacology  
sertraline: CB, drug combination  
sertraline: CR, drug concentration  
sertraline: IT, drug interaction  
sertraline: DT, drug therapy  
sertraline: PK, pharmacokinetics  
sertraline: PD, pharmacology  
clonazepam: CB, drug combination  
clonazepam: CR, drug concentration  
clonazepam: IT, drug interaction  
clonazepam: DT, drug therapy  
clonazepam: PK, pharmacokinetics  
clonazepam: PD, pharmacology

monoamine oxidase inhibitor: IT, drug interaction  
ketanserin: IT, drug interaction  
spiradoline: IT, drug interaction  
pimozide: IT, drug interaction  
naphazoline: IT, drug interaction  
oxymetazoline: IT, drug interaction  
phenylephrine: IT, drug interaction  
xylometazoline: IT, drug interaction  
nifedipine: IT, drug interaction  
fendiline: IT, drug interaction  
isoniazid: IT, drug interaction  
lysergide: IT, drug interaction  
unindexed drug

CAS REGISTRY NO.: (fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4;  
(paroxetine) 61869-08-7; (mianserin) 21535-47-7,  
24219-97-4; (amineptine) 30272-08-3, 57574-09-1;  
(amitriptyline) 50-48-6, 549-18-8; (desipramine) 50-47-5,  
58-28-6; (nomifensine) 24526-64-5; (citalopram) 59729-33-8;  
(methylphenidate) 113-45-1, 298-59-9; (tianeptine)  
66981-73-5; (sertraline) 79617-96-2; (clonazepam)  
1622-61-3; (ketanserin) 74050-98-9; (spiradoline)  
87151-85-7; (pimozide) 2062-78-4; (naphazoline) 5144-52-5,  
550-99-2, 835-31-4; (oxymetazoline) 1491-59-4, 2315-02-8;  
(phenylephrine) 532-38-7, 59-42-7, 61-76-7;  
(xylometazoline) 1218-35-5, 526-36-3; (nifedipine)  
21829-25-4; (fendiline) 13042-18-7, 13636-18-5; (isoniazid)  
54-85-3, 62229-51-0, 65979-32-0; (lysergide) 50-37-3

L188 ANSWER 22 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.

ACCESSION NUMBER: 93243612 EMBASE

DOCUMENT NUMBER: 1993243612

TITLE: In vivo assessment of the human nigrostriatal dopaminergic system using positron emission tomography.

AUTHOR: Leenders K.L.

CORPORATE SOURCE: Paul Scherrer Institute, PET Department, Villigen, CH-5232, Switzerland

SOURCE: Journal of Neural Transplantation and Plasticity, (1992) 3/4 (231-232).

ISSN: 0792-8483 CODEN: JNPLEW

COUNTRY: Israel

DOCUMENT TYPE: Journal; Conference Article

FILE SEGMENT: 008 Neurology and Neurosurgery  
014 Radiology  
023 Nuclear Medicine  
037 Drug Literature Index

LANGUAGE: English

CONTROLLED TERM: Medical Descriptors:  
\*dopaminergic system  
\*nigrostriatal system  
\*positron emission tomography  
adrenal cell  
biochemistry  
brain region  
brain transplantation  
caudate nucleus  
conference paper  
drug mixture  
drug uptake  
human  
neurotransmission  
**parkinson disease: ET, etiology**  
putamen

receptor binding  
Drug Descriptors:  
dopamine 2 receptor  
\*radioisotope: PK, pharmacokinetics  
carbon 11: CB, drug combination  
carbon 11: PK, pharmacokinetics  
fluorine 18: CB, drug combination  
fluorine 18: PK, pharmacokinetics  
levodopa: CB, drug combination  
levodopa: PK, pharmacokinetics  
    **nomifensine: CB, drug combination**  
nomifensine: PK, pharmacokinetics  
    **raclopride: CB, drug combination**  
raclopride: PK, pharmacokinetics  
CAS REGISTRY NO.: (carbon 11) 14333-33-6; (fluorine 18) 13981-56-1;  
                  (levodopa) 59-92-7; (nomifensine) 24526-64-5; (raclopride)  
                  84225-95-6

L188 ANSWER 23 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.  
ACCESSION NUMBER: 91328718 EMBASE  
DOCUMENT NUMBER: 1991328718  
TITLE: Nomifensine but not amantadine increases dopamine-induced  
          responses on rat substantia nigra zona compacta neurons.  
AUTHOR: Mercuri N.B.; Stratta F.; Calabresi P.; Bernardi G.  
CORPORATE SOURCE: Clinica Neurologica, Dip. Sanita Pub./Biol. Cell., II  
                  Universita di Roma, Via O. Raimondo, 00173 Tor Vergata,  
                  Roma, Italy  
SOURCE: Neuroscience Letters, (1991) 131/2 (145-148).  
          ISSN: 0304-3940 CODEN: NELED5  
COUNTRY: Ireland  
DOCUMENT TYPE: Journal; Article  
FILE SEGMENT: 030 Pharmacology  
              037 Drug Literature Index  
LANGUAGE: English  
SUMMARY LANGUAGE: English  
ABSTRACT:

Responses of substantia nigra zona compacta neurons to nomifensine and amantadine were studied with intracellular recording techniques (current and voltage clamp) in in vitro slice preparation of rat mesencephalon. The application of nomifensine (1-10  $\mu$ M) slightly hyperpolarized the cells and inhibited action potential discharge that occurs spontaneously. In voltage-clamp experiments (-50, -60 mV, holding potential) an outward current was observed. The membrane responses to exogenously-applied dopamine were potentiated by the concomitant superfusion of nomifensine. The effects of nomifensine were antagonized by (-)-sulpiride (1  $\mu$ M), a D2 receptor antagonist. By contrast, the superfusion of amantadine (1-30  $\mu$ M) on substantia nigra zona compacta cells was ineffective on firing rate, membrane potential or on sensitivity to exogenous dopamine. In the presence of high doses (300  $\mu$ M to 1mM) of amantadine a depolarization and an increase in firing activity was observed. While our results provide electrophysiological evidence for an inhibition of the dopamine uptake system by nomifensine, they do not support a dopaminergic mechanism for the actions of amantadine in the substantia nigra zona compacta.

CONTROLLED TERM: Medical Descriptors:  
                  \*substantia nigra  
                  animal tissue  
                  article  
                  brain slice  
                  controlled study  
                  female  
                  male  
                  nonhuman

**parkinson disease**

priority journal

rat

voltage clamp

Drug Descriptors:

dopamine 2 receptor

\*amantadine: PD, pharmacology

\*amantadine: CM, drug comparison

\*amantadine: CB, drug combination

\*dopamine: PD, pharmacology

\*dopamine: CB, drug combination

\*nomifensine: PD, pharmacology

\*nomifensine: CM, drug comparison

**\*nomifensine: CB, drug combination**

\*sulpiride: PD, pharmacology

\*sulpiride: CM, drug comparison

**\*sulpiride: CB, drug combination**

CAS REGISTRY NO.: (amantadine) 665-66-7, 768-94-5; (dopamine) 51-61-6,  
62-31-7; (nomifensine) 24526-64-5; (sulpiride) 15676-16-1  
COMPANY NAME: Sigma; Hoechst; Istituto de angeli; Ravizza

FILE 'HOME' ENTERED AT 11:50:10 ON 19 JUN 2003

ACCESSION NUMBER: 2000-02508 DRUGU T  
TITLE: Polypragmatic therapy of severe depression and schizophrenia  
can be effective and safe.  
AUTHOR: Koch H J; Szecey A; Raschka C; Klein H  
CORPORATE SOURCE: Univ.Regensburg; Univ.Frankfurt  
LOCATION: Regensburg; Frankfurt, Ger.  
SOURCE: Eur.J.Clin.Pharmacol. (56, No. 6-7, A10, 2000)  
CODEN: EJCPAS ISSN: 0031-6970  
AVAIL. OF DOC.: Psychiatric University Clinic, Universitaetsstr. 84, 93053  
Regensburg, Germany.  
LANGUAGE: English  
DOCUMENT TYPE: Journal  
FIELD AVAIL.: AB; LA; CT  
FILE SEGMENT: Literature

AB 2 Case histories are presented of patients in whom polypragmatic  
treatment with citalopram, amitriptylinexide, ~~reboxetine~~,  
olanzapine and lithium in 1 case of psychotic depression and with depot  
haloperidol injections, p.o. haloperidol and **clozapine** in the  
other patient with paranoid schizophrenia, prevented the need for further  
hospital treatment after an initial hospital admission. There were no  
adverse effects. It was concluded that polypragmatic treatment,  
particularly combinations of haloperidol and **clozapine**  
, can be safe, if the patient is regularly examined by a psychiatrist.

(conference abstract: 2nd Joint Meeting of the German Clinical  
Pharmacologists, Berlin, Germany, 2000).

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